

Change Step: Improving Social Support for Women Veterans Through Participatory Design

Robert Wessel

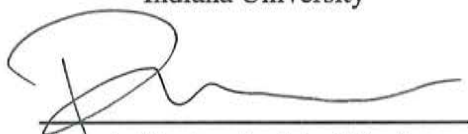
Submitted to the faculty of Herron School of Art and Design
in partial fulfillment of the requirements for the degree
Master of Fine Arts in Visual Communication Design
Herron School of Art and Design
Indiana University

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Change Step: Improving Social Support for Women Veterans Through Participatory Design

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THANK YOU

I would like to thank the women veterans, and those who support them, for the time and effort you contributed to this project. I hope it will be useful in your ongoing work to improve the lives of your peers and comrades.

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ABSTRACT

Women veterans are one of the fastest-growing groups of Department of Veterans Affairs (VA) users (Bean-Mayberry et al., 2010, S90). As they become a larger part of the veteran population, they will face a range of unique mental and physical health challenges. Post-traumatic stress disorder (PTSD) and military sexual trauma (MST), for example, have a significant impact on women veterans (Goldzweig et al., 2006, S88).

Outside factors can affect the management of such conditions, especially for women veterans. Women veterans of Iraq and Afghanistan who received VA treatment for PTSD were shown to have fewer interpersonal and economic supports than men who served in those wars (Fontana et al., 757); a lack of social supports like these can act as an obstacle to receiving treatment (Mattocks et al., 2015, 544). However, women veterans have also reported that increased military social support (the support of ex-military friends) has led to favorable health and less use of VA health services (Lehavot et al., 2015, 775).

The challenges women veterans face in accessing healthcare and finding social support are increasingly becoming the subject of nationwide research. Groups traditionally associated with women veteran's health, such as the VA, along with some who are aren't as versed in the topic, are also finding ways to make women veterans central in improving their own lives.

Participatory design thinking is a creative problem solving process that relies on the collaboration of designers and stakeholders throughout the phases a given project. It is well suited to help women veterans identify challenges, and assist them in producing their own innovative solutions. In participatory design, designers work with stakeholder groups to create a "map" of uniquely tailored needs, desires, and strategies for fulfilling them.

This paper discusses a participatory design project that focused on improving social support for women veterans in Indianapolis, Indiana, USA. Using a series of design research methods to capture the voice of local women veterans, and by visually representing the outcomes of each phase of the project, the participant group and design researcher identified the needs of women vets, considered existing social supports, and co-created a conceptual model for a social support network. This prototype network, called Hoosier Women Veterans, aims to make finding support easier, reduce overlap in existing social supports, and foster communication between partner support organizations. It is the first step in integrating social support for Indiana women veterans.

Both challenges and successes were encountered while working with women veterans. Reflections on these, along with additional research, have been combined into a framework for engaging women veterans. This framework may assist other design researchers who choose to work with women veterans in the future.

RESEARCH QUESTIONS

"The 'alpha female' mentality makes it hard to get people together."

—Project participant

RESEARCH QUESTIONS

Primary Question

How might using participatory design to create a conceptual model for integrating social supports also show appropriate ways of engaging with women veterans?

Sub-questions

1. How might we determine which social supports women veterans need most?
2. From a participatory design perspective, what challenges exist in engaging women veterans?
3. What selection and structuring of methods is most appropriate for working with women veterans?
4. What components of existing social support networks, such as interactions or relationships, can inform a new conceptual model for women veterans' social support?

See Figure 1 (next page) for a visualization of the primary research question.

How might using **participatory design** to create a **conceptual model** for integrating **social supports** also show appropriate ways of engaging with women veterans?

“**PARTICIPATORY DESIGN** is a broad label for creative activities that are done with end users—where designers act as facilitators or visual translators for people who may not be skilled or confident in idea expression. The activities can take many forms, but the most common ones use visual and semantic tools—such as stickers, blocks of words, or ambiguous shapes—to offer expression to nondesigners. Participants are prompted to use these tools to create their own interfaces, products, services or systems. After creating these artifacts, participants answer the designer’s questions about what they’ve made, to identify their creative intent. Participants also may begin to articulate their feelings about specific visual or semantic qualities.” *Austin Center for Design, Jon Kolko*

In the context of this thesis, a **CONCEPTUAL MODEL** is a diagram or visual that shows the relationship between key elements of an idea, helping people to better understand that idea. The Hoosier Women Veterans conceptual model, created as part of this thesis project, is a visual that shows the key elements of the proposed social support network; it was created to illustrate for the participant group how the network might function. Similarly, a scale model of a car is also a conceptual model; its constituent parts, when assembled, show how an actual car functions.

Typically broken into four categories, **SOCIAL SUPPORT** is a behavior or action that makes a person feel cared for. Examples include telling somebody they are loved (emotional support), offering information that is useful for self-evaluation (appraisal support), providing information to help somebody make a difficult decision (informational support), or offering money or services to somebody in need (instrumental support). *Glanz et al., Health Behavior and Health Education: Theory, Research and Practice, 2008*

FIGURE 1: Visualization of primary research question, with key definitions

JUSTIFICATION and **LIMITATIONS**

"As a woman, it's something you just don't talk about. You just keep moving on."

—Project participant, on dealing with personal issues

JUSTIFICATION

The initial problem space was explored through secondary research of literature related to women veterans, social support, participatory design, and trends in research on women veterans' issues. Primary research was also conducted by speaking with local women veterans. This research formed the following thesis project justification, and was the basis for the preceeding research questions.

I. Secondary Research

Women Veterans

Women veterans are one of the fastest-growing groups of US Department of Veterans Affairs (VA) users (Bean-Mayberry et al., 2010, S90). The number of women veterans in this country is expected to grow to 11 percent of the overall veteran population in the next five years (DAV, 2015, 2). Indiana alone has over 33,000 women vets (WFYI Indianapolis, 2015).

As women become a larger part of the veteran population, they will face a range of unique mental and physical health challenges. Post-traumatic stress disorder (PTSD) and military sexual trauma (MST) have a significant impact on women veterans (Goldzweig et al., 2006, S88). About 20 percent of women veterans from the Iraq and Afghanistan wars have been diagnosed with PTSD (VA, 2015); one in five women veterans also report being the victim of MST (New York Times, 2015). Women veterans of Iraq and Afghanistan have also been shown to have more exposure to different types of traumas than their male counterparts. These include MST, noncombat nonsexual trauma, anxiety disorder and bipolar disorder (Fontana et al., 2010, 751). One study has shown that women who screen positive for PTSD report poorer physical health and greater VA use (Lehavot et al., 2013, 775). Depression and hypertension account for the next-highest numbers of diagnoses among women VA users, behind PTSD (New York Times, 2015).

Problem Space:

A general context within which several problems exist. For example, "women veterans' healthcare" is a problem space that encompasses problems such as access to care, gender specificity of care, and social support.

Secondary Research:

According to the University of Victoria, secondary research is conducted using "Any published or unpublished work that is one step removed from the original source, usually describing, summarizing, analyzing, evaluating, derived from, or based on primary source materials."

Social Support

These health conditions would test any person, but they can be even more difficult for women veterans to overcome. For example, women veterans of Iraq and Afghanistan who received VA treatment for PTSD were shown to have fewer interpersonal and economic supports than men who served in those wars (Fontana et al., 757). A lack of such social support can act as an obstacle to receiving treatment (Mattocks et al., 2015, 544).

Just as decreased social support can be a barrier to treatment, more or improved support can act as a catalyst for receiving it. One study recommends that an assessment and, by extension, a delivery of social services may help women veterans seek out treatment (Lehavot et al., 2015, 540). Social support has also been shown to be beneficial to overall health and wellbeing (Cotton et al., 2000, 40), and women veterans have expressed the importance of connecting with other women veterans for support (Mattocks et al., 2012, 544). In particular, women veterans have reported that increased military social support (the support of ex-military friends) has led to favorable health and less use of Veterans Health Administration (VHA) services (Lehavot et al., 2015, 775).

Participatory Design

The people who know which social supports women veterans need most are women veterans. Participatory design, a creative problem solving process that captures stakeholder voices throughout a given project, can help identify the challenges of women veterans and be used to develop innovative solutions. Elizabeth Sanders, design researcher and founder of the design consulting and education firm MakeTools, defines participatory design as the practice of collective creativity, or “creativity that is shared by two or more people” in design (Sanders and Stappers, 2008, 6,7). Jon Kolko, designer and founder of Austin Center for Design, expands on this definition, saying:

Participatory Design is a broad label for creative activities that are done with end users—where designers act as facilitators or visual translators for people who may not be skilled or confident in idea expression. The activities can take many forms, but the most common ones use visual and semantic tools—such as stickers, blocks of words, or ambiguous shapes—to offer expression to nondesigners. Participants are prompted to use these tools to create their own interfaces, products, services or systems. After creating these artifacts, participants answer the designer’s questions about what they’ve made, to identify their creative intent. Participants also may begin to articulate their feelings about specific visual or semantic qualities (Austin Center for Design).

Participatory design, then, takes a people-centered approach, relying on the input of people who “own” a problem or challenge to also be central to devising a solution. As design professors Napier and Benson further explain:

Facilitator:

One who guides of a group of people through a design project—typically an experienced designer.

Visual Translator:

One who puts the words and ideas of others into a visual format, as through sketches or diagrams.

... people-centered design enables and empowers all people to design. And when we say 'people' we mean users, customers, stakeholders—the actual people involved in the initial problem or challenge. This “bottom-up” approach is inclusive and participatory, and helps people communicate their experiences, in order to frame root—or core—problems, and collaboratively create meaningful impact through solutions developed by the very people who will use or implement them (AIGA, 2015).

While a literature review uncovered several examples of the use of participatory design in a more general healthcare context, nothing specific was found on participatory design and women veterans' healthcare. In the works that did identify a need for improved social support for women veterans, none arrived at any concrete solutions. In addition, most of the research data included in the veteran-focused reports and studies I have reviewed are quantitative in nature. Qualitative data—the thoughts, feelings, and ideas that are the result of participatory design projects—may be of more benefit in solving a problem that has at its center the voices of so many women veterans.

Trends in Research

The challenges women veterans face, including accessing healthcare, finding social support, and returning to the world following military service, are increasingly becoming the subject of research. Groups traditionally associated with improving women veteran's health, along with some who are aren't as versed in the topic, are also finding ways to make women veterans central in creating their own solutions.

A 2006 literature review of research on women veteran healthcare revealed 278 articles on the subject (Goldzweig et. al, S84). Putting this in perspective, Bean-Mayberry (2011, S91) found that more research on women veteran health was done between 2004 and 2008 than in the preceding 25 years. Through information collected from filmed interviews, augmented by a wealth of statistical data, a 2015 Disabled American Veterans study describes the challenges faced by women veterans today, and provides several recommendations for improvement. Details on these works are provided in the “literature review” section of this report (Appendix B).

In response to an increase in women VA healthcare users, and to address women veteran's unique health needs, the US Department of Veterans Affairs established the Women's Health Practice-Based Research Network in 2010. According to Frayne (2013, S505):

... only the WH-PBRN specializes in multi-site women's health research and recruitment of women to multi-site, practice-based research studies. The WH-PBRN is thus able to add value because it fosters a community of researchers and clinicians with a special commitment to women Veterans and expertise about emerging areas of women's health clinical practice that require research attention.

Quantitative Data:

According to the Oxford English Dictionary, data “that is, or may be, measured or assessed with respect to or on the basis of quantity.” Examples include age, numbers of people, or responses to “yes” or “no” survey questions.

Qualitative Data:

According to the Oxford English Dictionary, data “relating to, measuring, or measured by the quality of something rather than its quantity.” Examples include thoughts, feelings, or descriptions.

The VA is adopting a people-centered approach across its larger enterprise. Founded in 2010 “to identify, test, and evaluate new approaches to the agency’s most pressing challenges,” the VA Center for Innovation in Washington, D.C. has published one report that highlights the VA’s initial efforts in capturing veterans’ experiences with the VA, and another that discusses the use of persona profiles to better understand VA users (VACI, 2016). The Roudebush VA Medical Center in Indianapolis also employs “veteran-centered” design researchers who are responsible for bringing people-centered designed principles and practices to VA medical sites across the country.

Finally, in early 2009, work began on the documentary film *Journey to Normal: Women of War Come Home*. According to the filmmakers, *Journey to Normal* relies on the stories of women veterans of Afghanistan and Iraq to reflect the “changes in our society and helps to bridge the perceived gap between military and civilian culture.” An additional, proposed outcome of the film—and one that could be of particular value to design researchers—is the establishment of “a searchable, public, web archive of our Afghanistan interviews accessible to historical researchers, healthcare professionals, academicians, and students, as well as our communities and veteran’s families.” As of this writing, neither the film nor the archive footage is available to the public (journeytonormal.org). The preceding background research, along with the literature review, helped to narrow the context of this project, and informed its guiding research questions.

II. Primary Research

Speaking with Local Women Veterans

As part of the exploratory research for this project, one informal meeting with a veteran from a previous class project was set; she in turn arranged a second meeting with a small group of her acquaintances. These women would become the participant group for this project.

During the first meeting, the research on social support for women veterans was discussed with my key stakeholder, who suggested the possibility of integrating support organizations. She felt that an intermediary organization, connected to a network of women veteran support services, would help to reduce overlap in existing services and make finding the appropriate support easier for those in need. She also indicated a local “civilian” support organization that serves the same purpose; this was investigated further, and is discussed in detail later.

In the follow-on meeting, the secondary research was again reviewed, and the possibility of creating a social support network for women veterans was discussed. The group also talked about local women veteran’s organizations, and recounted some of their experiences with VA healthcare.

Primary Research:

According to the University of Victoria, primary research is conducted using “A document or record containing first-hand information or original data on a topic,” such as an interview, personal journal or survey.

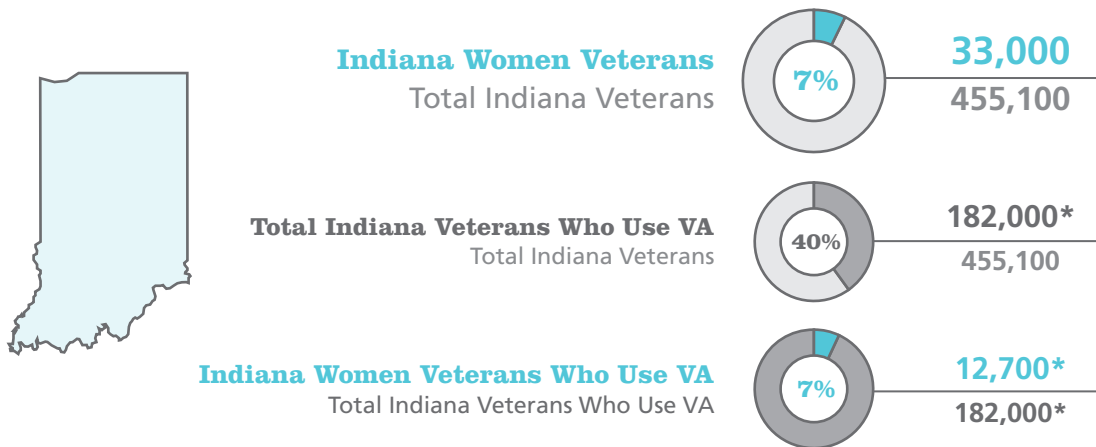
LIMITATIONS

While one of the goals of this project was to help women veterans receive the social support they need to feel and be healthier, the difficulties women sometimes face once they arrive at a hospital or clinic was not explored. This is especially true within the VA—an organization that has been the object of intense media and public criticism over the past few years. At VHA medical centers, services are not always gender specific or gender sensitive. Women’s clinics within VA hospitals are not always visible, and women who visit the VA for healthcare do not always feel welcome. Often, women veterans do not know that they qualify for VA health benefits (New York Times, 2015). These issues can influence a woman veteran’s decision to go somewhere other than the VA for treatment (Hamilton et al., 2013, S514). Outside of the VA, crucial diagnoses such as PTSD can be missed if healthcare providers do not know or do not ask about a woman’s veteran status (Conard et al., 2015, 7). Given the deadline for thesis project completion, and weighed against the complexity of the VA and private healthcare apparatuses, these issues are not addressed.

See Figure 2 (next two pages) for a visualization of the project justification.

1

There are many women veterans, and the number is growing.



SOURCE: WFYI Indianapolis, US Census Bureau | *Derived from national percentages, shown | Figures are approximate

3

Women veterans can get specialized care through the Department of Veterans Affairs (VA), but there are obstacles.

THE VA HAS ESTABLISHED:

- Women veteran coordinators
- Women's health specialists
- Patient Aligned Care Teams
- Hotline, website for women
- Women veteran research initiatives

SOURCE: Veterans Health Administration

BUT THESE ISSUES PERSIST:

- Lack of gender sensitive, appropriate services
- Feelings of exclusion at VA medical centers
- Women's clinics not always visible, adequately staffed
- VA responsible for veterans from a range of military eras

SOURCE: The New York Times

FIGURE 2: Visualization of project justification, derived from secondary research

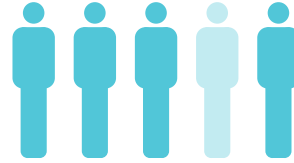
2

Women veterans have some health issues that are different from their civilian counterparts.

THE TOP COMPLAINTS OF WOMEN VETERANS SEEKING VA TREATMENT:

- 1 PTSD*
- 2 Hypertension, Depression

1 IN 5 WOMEN VETERANS ALSO REPORT BEING THE VICTIM OF:



Military sexual trauma

*Post-traumatic stress disorder | SOURCE: The New York Times

4

Given these obstacles, who else can women veterans turn to? Possibly each other, in the form of improved social support.

4 CATEGORIES OF SOCIAL SUPPORT:



Emotional

Expressions of empathy, love, trust and caring



Instrumental

Tangible aid and service



Informational

Advice, suggestions and information



Appraisal

Information that's useful for self-evaluation

ITS BENEFIT TO WOMEN VETERANS:

Women veterans who screen positive for PTSD are more likely to report poorer physical health and greater [VA] utilization, whereas those who report greater maintenance of military social support also report more physical health and less frequent [VA] utilization. Military social support was equally protective regardless of women's PTSD status ...*

—Lehavot et al., 2013

SOURCE: Health Behavior and Education: Theory, Research and Practice

*Social support that is gained from people who have shared military experiences

DESIGN PROCESS

"Women vets have a hard time accepting a thank you."

—Project participant

DESIGN PROCESS

Simplex

The design process used for this project was a modified version of creative consultant Min Basadur's Simplex. In the words of Basadur:

Simplex is an innovation process that harnesses creativity. It consists of deliberately finding and solving valuable problems, and implementing workable solutions that yield changes in the form of new and better products, services and procedures. (Basadur, 1994, 82)

According to Basadur, the act of creativity is, in fact, a problem solving process. What distinguishes Simplex from other creative processes like it is its inclusion of a complete set of problem-solving steps. Using another process, for example, a designer could develop a solution, but would potentially be left wondering how to bring it to the world. (Basadur, 1994, 82) The eight steps of the Simplex process (Basadur, 1994, 85) are:

1. Problem finding
2. Fact finding
3. Problem definition
4. Idea finding
5. Evaluating and selecting an idea
6. Planning
7. Acceptance of idea
8. Acting (implementing the idea)

See Figure 3 (next page) for a visualization of the Simplex process.



FIGURE 3: Basadur's Simplex process

Simplex was selected for this project because it is the process most familiar to the design researcher. As the project's context (women veterans) was so unfamiliar, using a well-known process was intended to strike a balance between these extremes, and to facilitate timely completion of the project.

Modifications to the Simplex Process

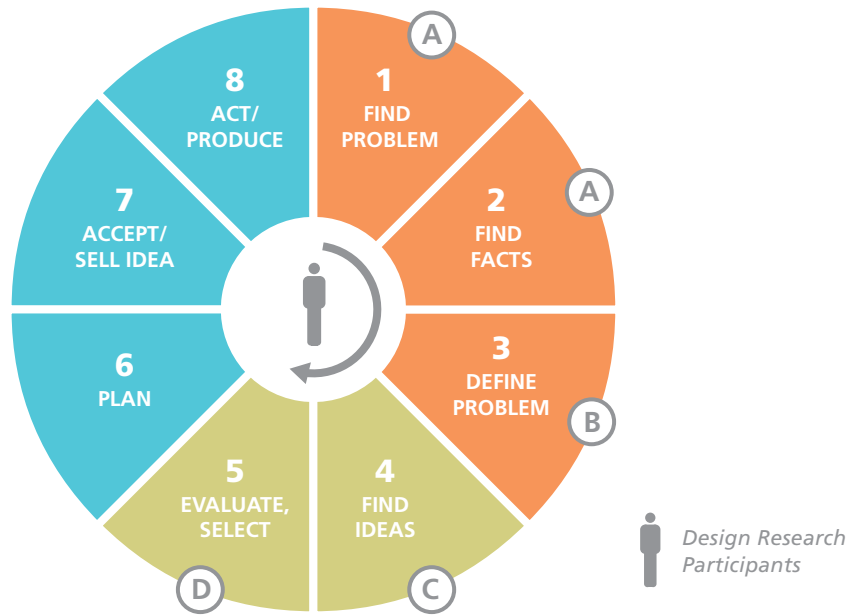
Stakeholder:

According to the Oxford English Dictionary, a stakeholder is "a person with an interest or concern in something..." More specifically, and as it relates to design research, it is someone who can affect or be affected by the outcome of a design project, such as a new product or service.

While Simplex offers a complete set of problem solving steps, not all of them were used for this project; this was due primarily to the limited timeframe for completion of the thesis. In theory, however, the project could have been extended throughout the Simplex process, to acting on the proposed solution.

Additionally, Simplex does not explicitly call for the collaboration of experienced designers and stakeholders in the various steps of the design process (i.e., participatory design), which is another key way that it has been modified for this project. In keeping with the tenants of participatory design, as well as the instruction received through the course of the Master of Fine Arts in Visual Communication Design program, stakeholders have been included in most of the Simplex steps used for this project.

See Figure 4 (next page) for the modifications made to the Simplex process, and how the process steps relate to specific project activities.





SECONDARY RESEARCH:

- Women veterans' issues
- Social support
- Trends in research on women veterans

A

PRIMARY RESEARCH:

- Discussion of secondary research with key stakeholder; discovering possibility of integrating existing social supports for women veterans 
- Discussion of secondary research with project participant group, and possibility of creating social support network for women veterans 

B

RESEARCH QUESTION FORMATION

ACTIVITY 1: Brainstorming with women veterans 

C

ACTIVITY 2: Interview with the Good Samaritan Network 

ACTIVITY 3: Prototyping a support network for women veterans

D

ACTIVITY 4: Evaluating the prototype with women veterans 

ACTIVITY 5: Refining the prototype

FIGURE 4: Basadur's Simplex process, modified for this project

ACTIVITY ONE

"Women veterans want to help."

—Project participant

ACTIVITY ONE:

Brainstorming with Women Veterans

Participatory Session Plan

The first session included three participants: two veterans and one active duty service member who, as part of her job responsibilities, works with soldiers who are transitioning to civilian life. The meeting took place in the conference room of a small branch library—a location that was selected to help research participants feel at ease while working through an unfamiliar design research process. The assumption was that using a location such as a design studio would be strange—or even intimidating—to the research participants. The planned time for the session was 1.5 hours.

To create a social support network for women veterans, it was important to first learn what kind of support the group needed, what support already existed, and why they chose to use them. The group was also given the opportunity to describe what a support network looked like to them. To keep the group engaged and to eliminate monotony, this exploration was broken into three separate activities.

Brainstorming:

A divergent method for creating a quantity of solutions for a problem while actively discounting critical considerations, such as viability or cost. According to Basadur, being critical during the brainstorming process hampers people's ability to create novel ideas, or to generate a significant number of them.

See Figure 5 (next page) for an overview of the first participatory session.

	PART 1	PART 2	PART 3
OBJECTIVE	<i>What types of social support do women veterans need most?</i>	<i>What types of social support exist now?</i>	<i>What would an intermediary group need to work?</i>
METHOD (Intended)	Facilitated brainstorm using above prompt; group responses captured on chart paper	1. Known supports written on Post-its, responses posted on chart paper 2. Group then asked: <i>Do you know people who use this service? Why or why not?</i> Responses captured on chart paper	Worksheet activity, using above prompt
METHOD (Actual)	Capture of conversation on chart paper, transcribed to post-its for analysis	Capture of conversation on chart paper, transcribed to post-its for analysis	Worksheets taken home; not returned

FIGURE 5: Session overview, with intended and actual outcomes shown

The intention was to prompt the group with the questions in parts 1 and 2, and then request that they provide answers either for capture by the design researcher on chart paper (part 1), or as written responses on post-it notes for placement on chart paper (part 2). As an additional step for part 2, it was planned to ask the group why an identified support was used, followed with a recording of the responses next to the appropriate note. For part 3, a worksheet exercise that prompted to group to explain, in either words or pictures, what an intermediary support group would need to work was selected.

Actual Outcomes and Challenges

To begin the session, group was given an overview of the work done on the project since the last meeting. This took the form of printed handouts that included the project justification, research questions, and some information on the Good Samaritan Network—the organization selected as our model. Giving the presentation created difficulties later in the session.

Presenting the project overview in the manner chosen—essentially a slide show—led to an informal discussion on the project’s progress so far. The group, quite naturally, talked about their experiences with the VA or the military, offered suggestions for rewording certain items in my presentation, and so on. This took more time than planned in the agenda (about half an hour, as opposed to 10 minutes) and set a conversational tone for the rest of the session. Given that the meeting began

about 20 minutes late, the session methods were readjusted to capture the desired information. By asking the group the questions prepared for parts 1 and 2, and then recording their responses onto chart paper, the role of “facilitator or visual translator” (Austin Center for Design, 2016) was adopted for a group who wasn’t accustomed to this way of working. The participants asked for more time to complete their worksheets (part 3) at home, but these were not returned.

In hindsight, this outcome should have been more obvious. In an earlier project, which involved working with the VA’s Patient Advisory Council to craft messages for a lung cancer screening initiative, a two-person design team of which the researcher was a part was tasked with creating and facilitating two participatory design sessions—both of which also became long discussions, and nothing like we had planned. In that situation the team chose to shift gears in order to capture data, injecting the planned questions as brainstorming and worksheet prompts into the conversation at appropriate moments, and recording responses on post-its for future analysis. The difference between the original plan and what really happened existed for a central reason. The design team wasn’t familiar with the Patient Advisory Council, and Patient Advisory Council wasn’t familiar with the design team—or the type of session they had planned. As a council of veterans who are regularly asked to offer their feedback in a focus group setting, the Patient Advisory Council was doing what they are used to doing: participating in a focus group. For the design team, capturing information became a matter of adapting its methods to the group’s style of working.

Analysis and Synthesis of Session Data

Following the session, the responses that were received from my participants were transcribed onto post-it notes. Affinity clustering was then used to identify patterns and draw insights from the collected information (Luma Institute, 2012, 40). Two groups of notes were first created: one for social support needs, and another for known services. Within these groups, clusters of notes, organized by similar sentiment, were then made. Finally a name was assigned to each of the clusters.

The social support needs that were identified by the participant group were different than anticipated. Instead of mentioning only concrete services, like “additional counselors for PTSD sufferers” or “more gender-sensitive healthcare options,” things like “military-type camaraderie,” “less overlap of services,” and “peer mentorship,” were among the items mentioned. The participants knew what exists for social supports, both nationally and locally, and provided several examples. Perhaps unsurprisingly, the reasons given for using certain supports related to the identified needs, namely an organization’s use of women’s liaisons, camaraderie, and peer-to-peer mentorship. The insights gained from this first participatory session were carried forward to subsequent sessions, and are explained in the “Activity 3” and “Activity 4” sections.

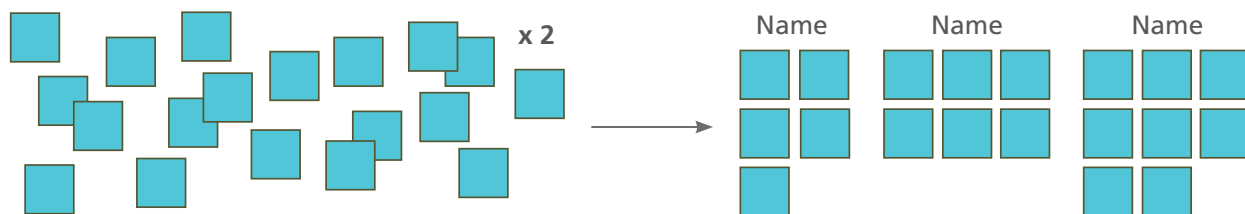
See Figure 6 (next page) for a visualization of the analysis and synthesis.

Analysis:

Designer Hugh Dubberly characterizes analysis as defining and modeling an existing state, such as “the problem, current situation, research, constituent needs, or context.” It is ultimately an exploration and interpretation of the designer’s research.

Synthesis:

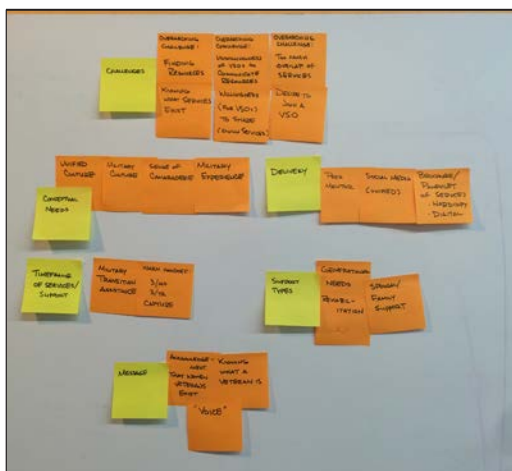
Dubberly refers to synthesis as “the other side of the coin” that is formed thorough analysis; it describes and models a “preferred future [or] solution.” The end-product of synthesis is a new, but concrete and realized, state.



Two groups of notes were first created:
one for social support needs,
and another for known services.

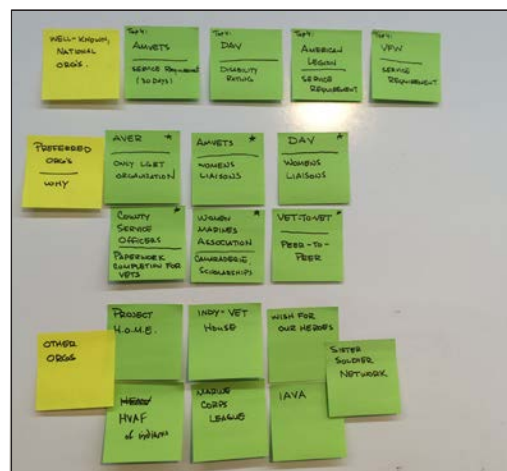
Within these groups, clusters of notes,
organized by similar sentiment,
were then made. Finally, a name was assigned to each of
the clusters (numbered below).

SOCIAL SUPPORT NEEDS



- ① **Challenges**
(e.g., overlap of services)
- ② **Conceptual needs**
(e.g., camaraderie)
- ③ **Delivery**
(e.g., social media)
- ④ **Timeframe**
(e.g., w/i 3 months of separation)
- ⑤ **Peer-to-peer support**
(e.g., family, spousal support)
- ⑥ **Messages**
(e.g., recognizing women vets)

KNOWN SERVICES



- ① **Well-known**
(e.g., American Legion post 438)
- ② **Preferred/why**
(e.g., Vet-To-Vet/peer mentors)
- ③ **Other**
(e.g., Indy Vet House)

FIGURE 6: Analysis and synthesis of session data

Shift in Research Goals

In reflecting on the first participatory session, more questions existed about the project—and especially the participant group—than did answers. Are there better methods to use? Is there a better place to conduct a participatory session? The design researcher's status as a veteran may have helped him to understand some of how the group communicates (e.g., military jargon, acronyms), but what if a researcher had never served? These questions led to the decision to create a second outcome for this project: a framework for engaging women veterans. The hope for the framework is to contribute to the ongoing research on women veterans' issues by assisting other design researchers who may also choose to work with women veterans in the future.

Framework:

According to Merriam-Webster, a framework is "a set of ideas or facts that provide support for something." The experience gained from working with women veterans on this project, and the facts collected from researching the thesis context, support the suggestions made in the proposed framework for engaging women veterans (See Activity 5).

ACTIVITY TWO

"We're not trying to control everything."

—Director, Good Samaritan Network

ACTIVITY TWO:

Interview with the Good Samaritan Network

Learning from Others

While they are discussing a different context than the one explored in this paper, Rottenberg and O'Meara (2013, 176) agree that "Borrowing great ideas from others can help you re-imagine your own business." When the main point of contact for this project first suggested networking social supports as possible way to help women veterans, the organization she recommended to be emulated was the Good Samaritan Network (GSN). The next research step, then, was to interview the GSN's director.

About The Good Samaritan Network

For over 20 years, the GSN has operated as an intermediary or "hub" organization, maintaining information on and coordinating the work of various Hamilton County support services. Indeed, one of the main goals of the GSN is to reduce duplication of effort among the county's support organizations (gsnlive.org).

The GSN operates using two approaches: Direct Service and InDirect Service. As the name suggests, Direct services are those that the GSN hub organization can provide through its own resources, including food, clothing, baby supplies, and sometimes money. The GSN operates over 10 warehouses across Hamilton County in support of its Direct Service efforts. InDirect services are those that are provided through the GSN's network partners. The GSN's membership currently includes 252 government and nonprofit agencies, 280 churches, 46 food pantries, 69 schools and 5 hospitals (gsnlive.org). Part of InDirect Service also involves regular communication among network partners, including monthly member meetings (which are open to the public) and 6-month updates of available partner services for the GSN's database and website.



Good Samaritan Network
logo (www.gsnlive.org)

To receive support, those in need (referred to as “clients” by the GSN) must first apply through a Hamilton County township trustee. If the trustee determines that support is required, clients are then referred to one of a few organizations, one of which is the GSN. The GSN can then offer support directly, or provide a referral to one of its own network partners. To receive support from the GSN, clients must complete a separate application.

Interview

The goal of the hour-long interview with the GSN’s director was to learn how the network assisted clients, how network partners communicated, and what would be required to create a similar hub organization for women veterans. The questions asked were:

1. How does the GSN provide assistance to those in need of social support?
2. How do you find your partner organizations, or how do they find you?
3. How do the GSN and its network members communicate with one another?
4. How do those in need find out about the GSN? Do they visit a website, or are informational materials distributed?
5. What makes the GSN successful at reaching out to those in need?
6. What do you think are the essential parts of creating a network that integrates/coordinates social support services?
7. Do you know if any veterans use the network’s services?

Analysis and Synthesis of Interview Data

Responses to interview questions were transcribed onto post-its and affinity clustering was again used to draw insights from the data. All notes were first arranged under their applicable interview question. Common responses across all questions (e.g., the organization’s monthly meeting was given as a response to questions 2 and 3), or responses that were given several times (e.g., the GSN’s website as a key part of the organization) were then identified. Clusters were then made of these.

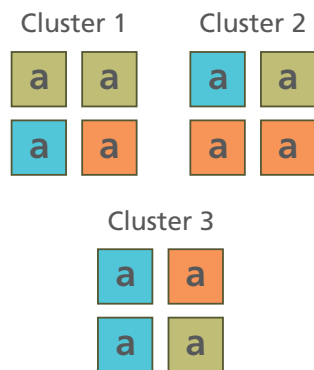
See Figure 7 (next page) for a visualization of the analysis and synthesis, and Figure 8 (page 40) for the resulting clusters and a brief description of each.



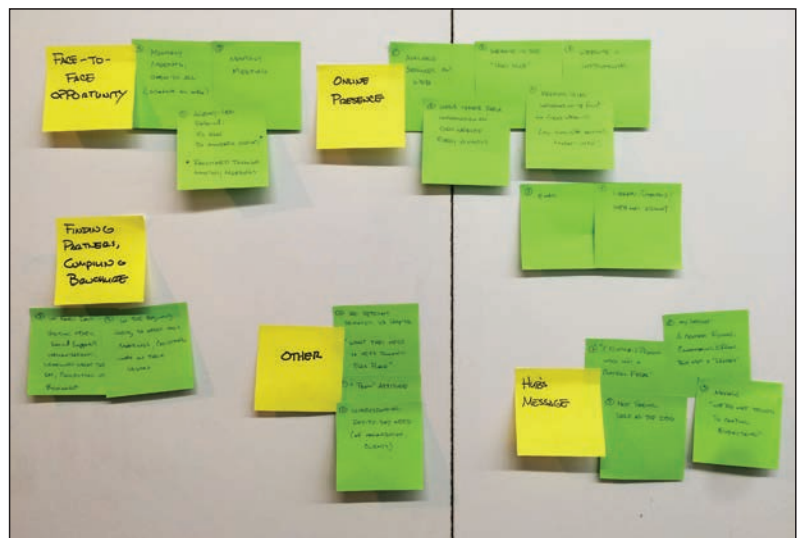
Answers to interview questions were first arranged under their applicable interview question.



INTERVIEW QUESTIONS and RESPONSES



Common responses across all questions, or responses that were given several times, were then identified and clustered.



COMMON RESPONSES ACROSS QUESTIONS, CLUSTERED

FIGURE 7: Analysis and synthesis of interview data

Cluster 1:



**MEETING
OPPORTUNITIES**

The GSN holds monthly member meetings at the Noblesville Public Library. These meetings are open to all network partners, as well as to the public. As described by the GSN, the meetings are held to “develop educational opportunities and resources and highlight specific guests/speakers.” (gsnlive.org) The last half of each meeting is left open to network partner representatives, to share the resources their organizations can provide to the network. While not all network partners attend every meeting, through the course of a year’s meetings the entire network has learned more about what resources are available. In this way, the GSN helps to reduce overlap in the network’s services. Reducing overlap of support, as mentioned in the previous section, was also one of the “needs” mentioned by the participant group.

Cluster 2:



**ONLINE
PRESENCE**

As explained by the GSN’s director, the gsnlive.org website is the “holy hub” of the network. On the website, potential clients can find contact information for the GSN, learn how to apply for support, and find out what kinds of services are available. Events such as mobile food distributions, health fairs and charity outings are also announced. The GSN attempts to keep information that they consider critical to potential clients (e.g., phone number, available services) on the front page of the site. To keep network partner information current, the GSN requests that all network partners provide an update to the GSN every six months.

Cluster 3:



**BROCHURE of
SERVICES**

The director of the GSN began her current work over 20 years ago by researching the social support groups around Hamilton County, attending their meetings, and compiling her findings into a paper-based directory of services. This, in essence, was the first Good Samaritan Network. While the network now conducts most of its business via the web, a hardcopy directory is still maintained. In the first meeting with women veterans, a similar directory was suggested for women veterans support services, to be distributed to those who may not have online access, or for those who may find the task of navigating the abundance of social support websites too daunting.

Cluster 4:



**NETWORK ROLE as
KNOWLEDGE BASE**

The GSN’s director was careful to explain that the hub did not control the operations of its network partners. This spirit of teamwork, or rather the lack of it, was also cited in the sessions with the veteran participant group (unwillingness of veteran’s service organizations to share resources). Another stated need was a sense of military-like camaraderie within the woman veteran community. An intermediary network for women veteran’s social support, then, may be able to foster teamwork among potential network partners by promoting the idea of operating only as a knowledge base, or as a way to unify the efforts of several unique organizations.

FIGURE 8: Clusters resulting from analysis/synthesis, with a description of each

ACTIVITY THREE

"Veterans will do what other veterans do."

—Project participant

ACTIVITY THREE:

Prototyping a Support Network for Women Veterans

Final Analysis and Synthesis of the Collected Data

Before beginning the first prototype, one last round of affinity clustering was conducted across all three of the datasets: needs of women veterans, existing social support services, and responses to GSN interview questions. Five themes that appeared to be shared across the data were identified; these themes served as a guide for building the first conceptual model:

1. Peer-to-peer support
2. Online information (e.g. web, social media)
3. Cooperation of network partners
4. Opportunity to build camaraderie
5. Offline information

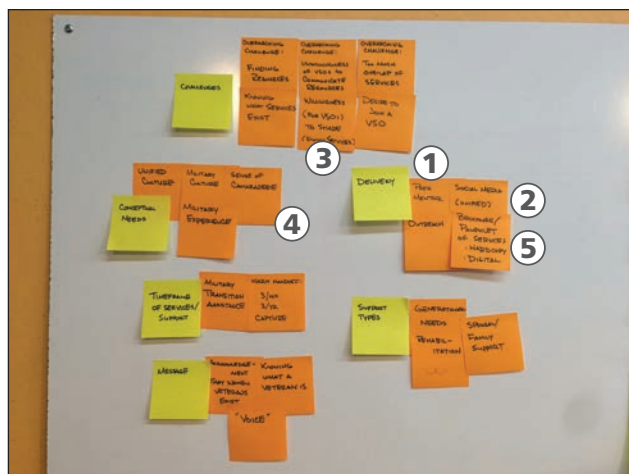
Identifying themes during the final round of affinity clustering, and choosing them to guide the conceptual model, felt more natural than it had in earlier rounds of clustering. As Jon Kolko (2011, 20) explains:

As designers become more seasoned, they build up a level of experience and expertise that lets them act as though the output is “intuitive.” They seem able to solve design problems effortlessly. In fact, design never becomes effortless, but the process of design becomes increasingly fluid and amorphous as the designer become more capable, confident and reflective.”

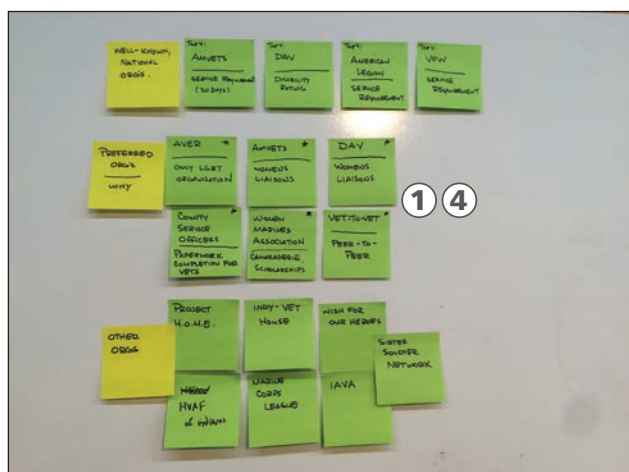
Personal Reflection:

My own “intuition” was the product of gaining experience with the research participants through the course of several engagements, and reflecting on their specific needs and challenges.

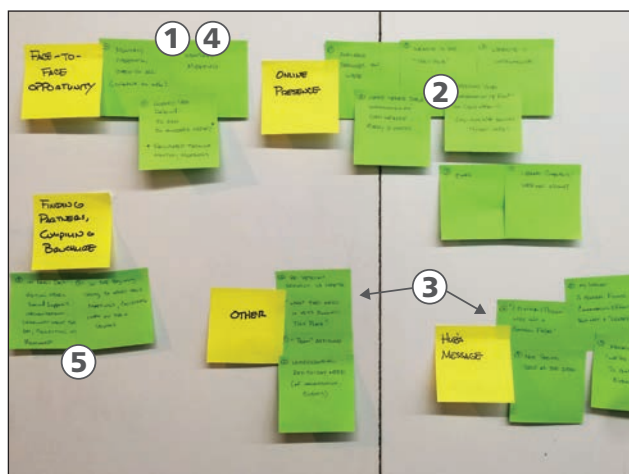
See Figure 9 (next page) for a visualization of the analysis and synthesis.



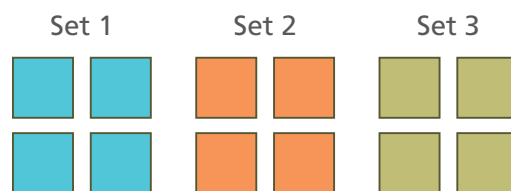
SET 1: NEEDS of WOMEN VETERANS



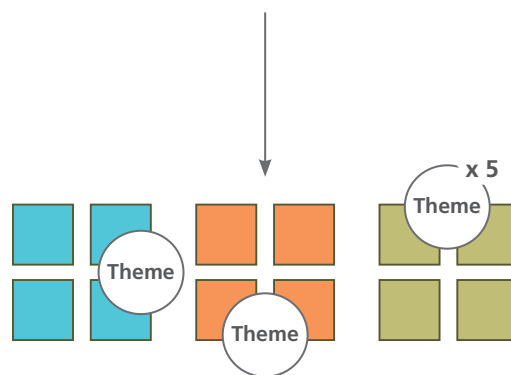
SET 2: EXISTING SOCIAL SUPPORT SERVICES



SET 3: GSN INTERVIEW RESPONSES, CLUSTERED



One final round of affinity clustering was conducted across the three sets of data that were collected during the project:



Five themes that appeared to be shared across the data were identified; these themes served as a guide for building the first conceptual model:

- 1 Peer-to-peer support
- 2 Online information
- 3 Cooperation of network partners
- 4 Opportunity to build camaraderie
- 5 Offline information

FIGURE 9: Final analysis and synthesis of data

The First Prototype

Prototypes are not only representations of solutions; they can also be helpful for asking questions in the early stages of a project. As Tim Brown, president and CEO of the international design firm IDEO points out, prototyping "... gives form to an idea to learn more about its strengths and weaknesses and to identify new directions for the next generation of more detailed, more refined prototypes." (Brown, 2009, 91) Having spoken with women veterans and a knowledgeable social support network director, it was now time to begin giving form to the group's idea. The intention for this first prototype was to combine the results of the research conducted thus far into a single visual format, and to give the participant group of veterans an interface for providing more detail in follow-on participatory sessions.

The Hoosier Women Veterans social support network model (HWV, a name created by the key stakeholder for this project) outlines the steps required for those in need to find and receive support. Similar to the Good Samaritan Network, the model features a hub organization that provides outreach to women veterans in need, refers veterans to appropriate supports, identifies potential network partners, and establishes ways to keep the network in regular communication. Its three main parts are divided accordingly: A) veteran outreach and finding the hub organization, B) receiving support from network partners, and C) sharing resources through network communication.

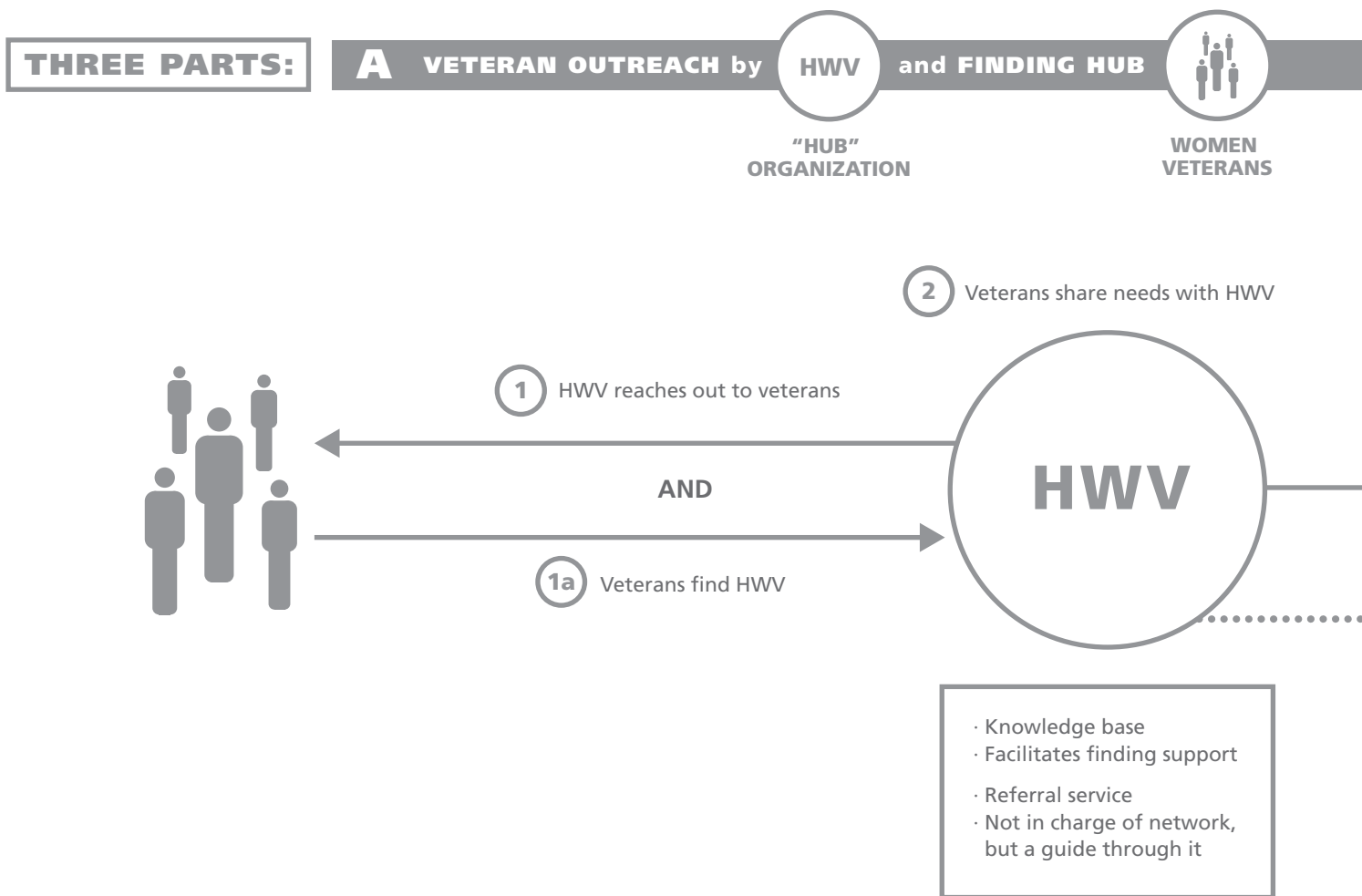
In the model, methods are recommended for enabling each step in this process. These methods mirror the themes that were identified in the final analysis/synthesis. For example, reaching out to women veterans (step 1) could involve a combination of canvassing places such as homeless shelters, providing veterans with a directory of services, and making various social support services known on an HWV website; this offers women veterans both online and offline resources. To keep network partners aware of each other's services, and to announce new network initiatives (step 5), HWV could hold a regular partner meeting, helping to foster cooperation among network partners. By holding a separate meeting for women veterans, HWV could provide peer-to-peer support, and give veterans an opportunity to build military-like camaraderie.

Challenges to implementing these methods are also provided, such as the time required to learn about potential network partners. Additionally, the intent of certain sections of the model are reinforced. For the HWV hub organization, its role as a facilitator of finding support, its message of acting only as a knowledge base, and the importance of communicating that the hub is not "in charge" of the network are stressed. For communication between network partners, the goals of learning about and deconflicting the work of network partners, and reducing overlap of services are emphasized.

See Figure 10 (next two pages) for the first social support network prototype.

Prototype:

A model of a potential solution, also used to learn more about a problem. Prototypes can vary widely in their fidelity, from a sketch on paper to a working device.



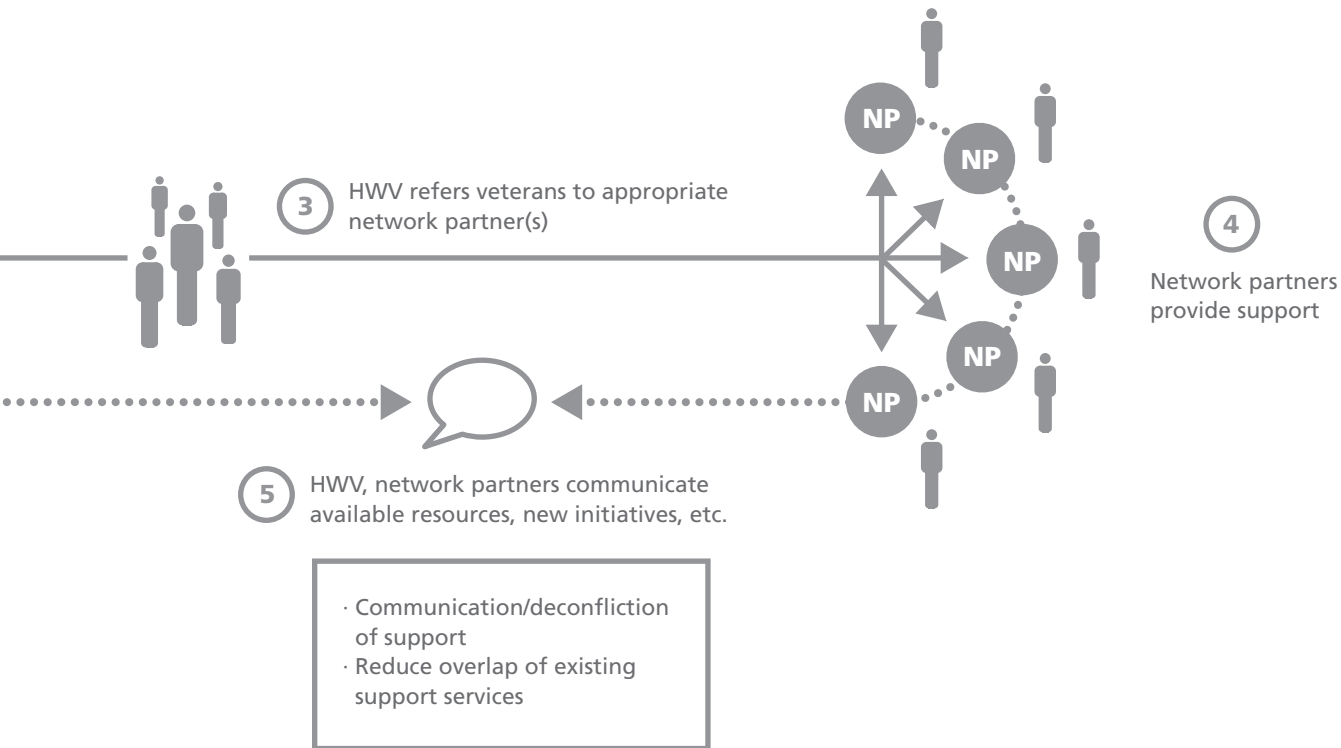
METHODS				
1	Canvassing	Brochure of svcs.	HWV website	
1a	Word of mouth	Flyer	HWV website	
2	Regular support meeting		Phone	Email
3	Knowing services provided by key orgs.		Forging relationships with other orgs.	
4	As determined by organization			
5	Regular network partner meeting		Update of services on HWV website	

FIGURE 10: Hoosier Women Veterans (HWV) social support network model, first prototype

B RECEIVING SUPPORT from



C SHARING RESOURCES through



NEEDS, CHALLENGES

Creation of brochure; finding places and people to give the brochure to (and people to hand it out)

Establishing site, learning about site, having web access

Establishing meeting location, willingness of veterans to share

Investing time to learn about organizations, their willingness to share knowledge

Some organizations may require membership to their organization, which may not appeal to some or be financially prohibitive.

Recruiting, desire of organizations to participate in network

NOTES

While a website is crucial to GSN's operation today, the organization started with a simple directory of local support services.

Meeting could allow veterans to share their stories with people from similar backgrounds, facilitating their access to support.

GSN started by going to various support groups and learning about the services of each one, which were then compiled into a directory

e.g., Vet-to-vet, DAV, AVER, AMVETS, county service organizations

The GSN requires that each network partner update/validate its information (e.g., available services, contact info) every six months

Differences in the Models

The Hoosier Women Veterans model differs from the Good Samaritan Network in two fundamental ways. First, before receiving support from the GSN, a potential client must complete a needs assessment with her township trustee; HWV, however, assesses needs through direct client communication with the hub organization. Second, HWV does not provide direct support, such as food or clothing, to women veterans; all support is offered through referral to network partners. These two differences are intended to help eliminate the difficulty women veterans encounter when attempting to find support, and to foster a sense of teamwork among the greater network.

This prototype gives the participant group of women veterans a tangible, if not completely concrete, way to further evaluate a social support network. That evaluation is discussed next, in the “Activity 4” section.

ACTIVITY FOUR

"Empowering them to know they can make a change."

—Project participant, on how designers can help women veterans

ACTIVITY FOUR:

Evaluating the Prototype with Women Veterans

Filling in the Gaps

Now that the project had something to build on, a rough prototype of how a social support network might function, the participant group could examine the idea more closely. To do this, the participant group was again invited to meet and evaluate the network model.

Tools for engagement were prepared prior to the session. To clarify how the network could function and to give the group space to record information, the model was divided into its three constituent parts: A) veteran outreach and finding the “hub” organization, B) receiving support from network partners, and C) sharing resources through network communication. For each of these, a separate, poster-sized graphic was created to enable group discussion. In earlier meetings with the group, it appeared that one person preferred to work more independently; a smaller-format version of the model was prepared for her use.

The women who had participated in the earlier brainstorming session—two veterans and an active duty service member—also attended this meeting. Additionally, one of the attendees brought a girlfriend who had no military experience. While it was not expected or requested, her presence at the meeting was helpful to the project. With no other options available on the week of the session, the group met at The Herron School of Art and Design’s visual communication design graduate studio. This too may have ended up working to the group’s advantage, as the studio supported active collaboration, and provided a space for visual material to be posted and acted upon. This is discussed in more detail in “Solution Outcome Number 2” of the “Activity 5” section.

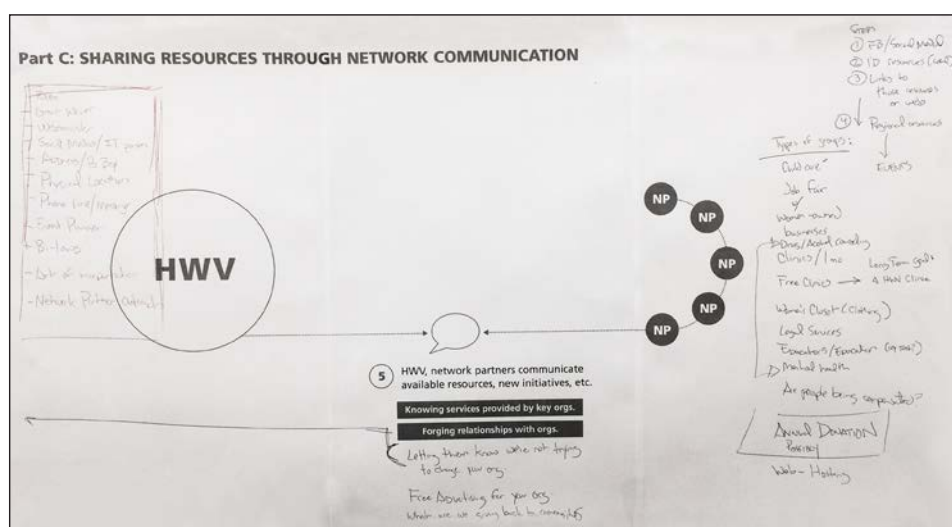
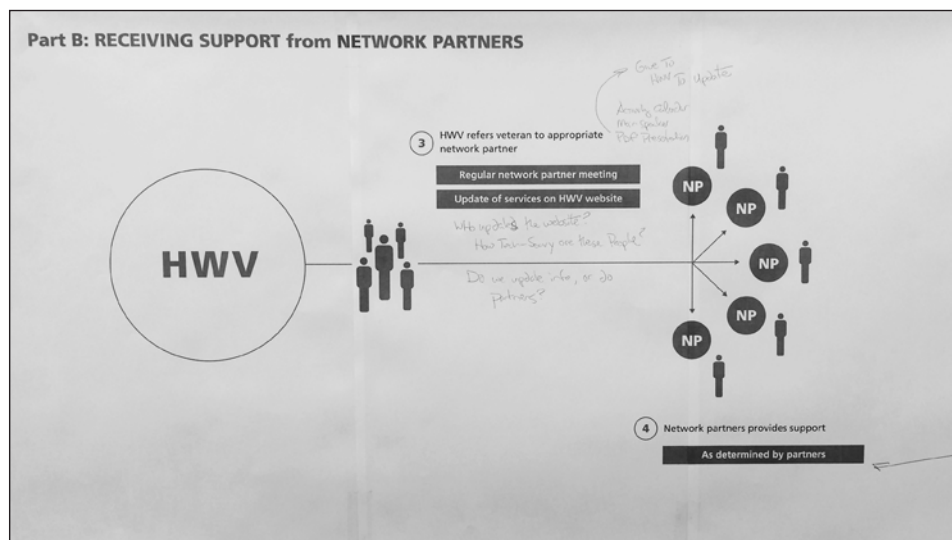


IMAGE 2 (top): Part B of the first prototype, with additional group suggestions

IMAGE 3 (bottom): Part C of the first prototype, with additional group suggestions

of reaching out to veterans. A website, they recommended, could house more long-term information such as contacts or a listing of available supports, and serve to “legitimize” the organization. As one participant explained, “you have to have a website.” Once women veterans learn about the hub organization and what it can provide, a monthly meeting would be, they suggested, “a good place to establish trust.”

During the course of the session, the participant group provided the detail that the rough prototype was lacking. For example, while the initial prototype included only veteran service organizations or agencies that regularly work with veterans as network partners, the new participant in this session—the “civilian” girlfriend who attended

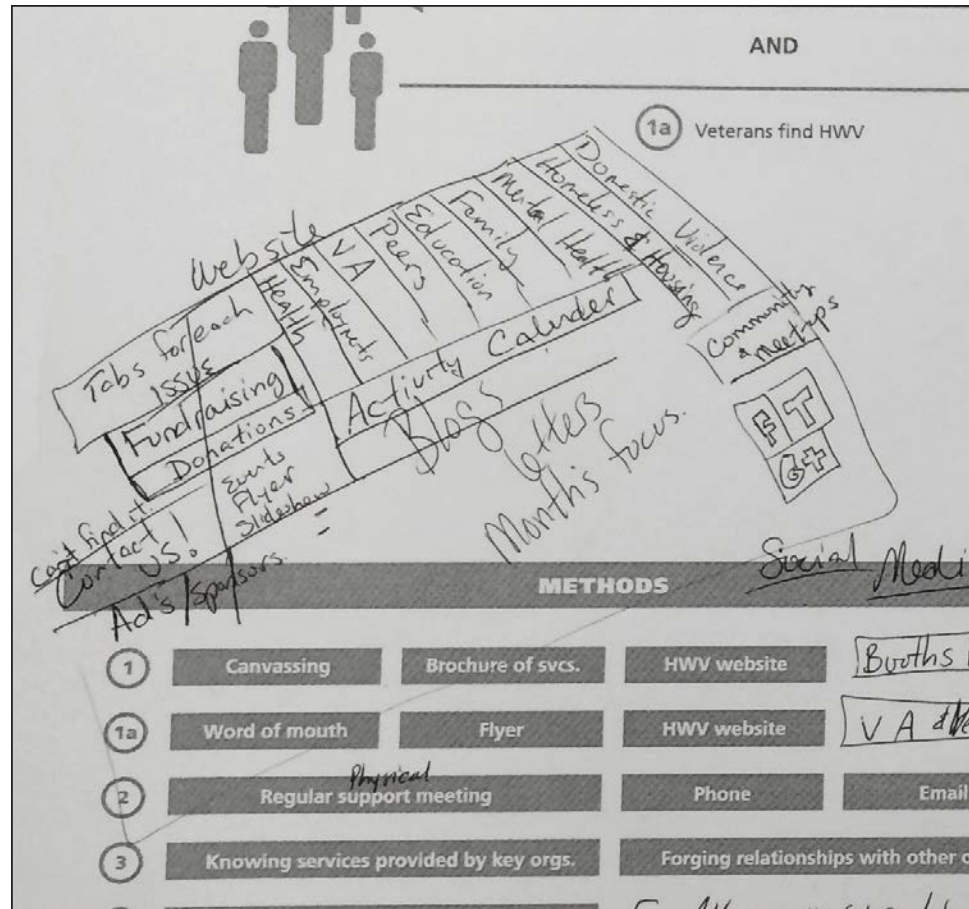


IMAGE 4: Layout for a Hoosier Women Veterans website, created by a research participant

the meeting—suggested that women-owned businesses could also be solicited for network partnership. The group also began to make recommendations for Hoosier Women Veterans that were not considered in the initial prototype. They identified roles that would be needed to operate the organization, such as communication director, grant writer, and social media director, and discussed requirements for the hub organization, such as web hosting, drafting 501 (c) (3) articles of incorporation, and possible messages to promote the network.

Outcomes and Successes

For this session, the design researcher recorded the group's recommendations on the appropriate graphics. One participant included additional feedback on the smaller handout that was provided. These recommendations were incorporated into the refined prototype, which is discussed in "Solution Outcome Number 1" of the "Activity 5" section. This session was also followed by a reflection on the results of this final meeting. It seemed to be more fruitful, but why?

Having a conversation with research participants isn't necessarily a bad method for conducting design research. In fact, it may actually be an appropriate way of working with veterans groups who, in the limited experience of this design researcher, appear to be accustomed to that type of interaction. The project presentation given in the first participatory session led to group conversation, but this left less time to work through the rest of the meeting agenda. The location that was chosen to hold the first session was similarly designed for group discussion; this could have also affected the planned outcome of the engagement.

This is where creating visuals for use in the last session, and holding that session in a design studio, may have been advantageous. Putting the social support network into a visual format made the concept tangible for the project participants; it also helped the group generate more ideas (Kumar, 2013, 267). By selecting a location where a single set of visuals could be displayed for all to see, and which was designed for people to work together, a more creative—and focused—conversation was fostered (Sanders and Stappers, 2012, 57).

A Final Question for Participants

In an effort to contribute to the ongoing research on women veterans issues, to enlighten other designers who may choose this context in the future, and as a final step in the participatory research for this project, the group was asked the following question: "What should designers know about working with women veterans?" A few of the responses included:

"Empowering them [women veterans] to know they can make a change."

"Stuff like this is good for me." (i.e., meeting veterans, finding ways to help)

"Learning the lingo" [of veterans, e.g., military terminology, acronyms]

"Women veterans want to help."

All of the group's responses have been collected in Appendix A, have been featured throughout this paper, and have been used to inform my framework for engaging women veterans (next section).

ACTIVITY FIVE

"Three days without kids."

—Project participant, regarding incentives to participating in design projects

ACTIVITY FIVE:

A Refined Prototype, a Framework for Engaging Women Veterans

SOLUTION OUTCOME 1:

Hoosier Women Veterans Conceptual Model

Refined Prototype

Using the information that was collected in the previous evaluation session, a final, refined prototype of the Hoosier Women Veterans Social Support Network was created. Working through the rough prototype in sections during the evaluation session allowed for easy placement of new information on the refined model.

The refined model exists between what Tim Brown would call the ideation and implementation spaces of innovation (Brown 2009, 107). It incorporates the “functional and emotional elements” that the project participants described through the course of the project (the ideation space). It also works toward “communicating an idea with sufficient clarity” so that the group may share the work with other women veterans and potential network partners, hopefully gaining support for the concept in the process (the implementation space).

See Figure 11 (next two pages) for the refined social support network prototype.



A Through a combination of online and face-to-face interactions, HWV can reach out to women veterans, and veterans can share their needs with HWV.

Social Media

Facebook Google+ Hangouts

For Facebook, establish a dedicated page and introduce HWV message on other organizations' pages (e.g., American Legion post 438).

Brochure

For those without Internet access

A simple brochure containing local support information could also be a good first step before a website is created. The Good Samaritan Network began as a brochure.

Support Meeting

A monthly support group, similar to Vet to Vet, could allow women to learn about available supports; more importantly, it would be an opportunity for them to build relationships with other vets and a place to develop trust. As an incentive to attend, consider locations that provide a chance for people to get away from their daily routines.

Website

For "legitimizing" HWV For long-term information

To facilitate ease of finding information, consider placing available services and HWV contact on first page of site.

Other

- Phone line
- Booth at community events
- VA Vet Center meetings

HWV

ANNUAL HOOSIER WOMEN VETERANS EVENT

As a thank-you to women veterans and their families, and as another way to advertise Hoosier Women Veterans, an annual event could be held.

Possibilities include a 5k walk or run, a multi-day retreat, or a luncheon/cook-out. Sponsorship for the event could include local businesses or even HWV network partners.

"Civilians" who wish to help the women veteran community could serve as volunteers. The event could also move to different locations across the state each year.

MESSAGES

For use with website, social media sites, brochure, etc.

- Camaraderie, just like the military
- Sharing with your peers
- By women vets, for women vets
- Local women, local support
- Giving back to the community
- For women of all ages/military eras
- One stop for finding support
- Honoring women veterans, and the families who support them

REQUIREMENTS

These items will be important for the HWV hub organization.

- Web hosting
- Address/PO box
- Meeting space
- Phone line
- 501 (c) (3) Articles of Incorporation
- Bylaws

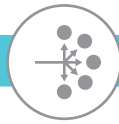
ROLES

These roles will help to operate the HWV hub organization.

- Webmaster/IT
- Social media
- Event planner
- Network partner outreach
- Canvassers
- Communications director
- Grant writer
- Fundraiser

FIGURE 11: Hoosier Women Veterans (HWV) social support network model, refined prototype

B RECEIVING SUPPORT from



NETWORK PARTNERS

B HWV refers veterans to appropriate network partners for support.

Maintaining Knowledge

Knowing which services network partners can provide will require some research and regular network communication.



C SHARING RESOURCES through



NETWORK COMMUNICATION

Network Partners

This list mostly contains **types** of organizations/services that could help women veterans.

- Child care providers
- Respite care
- Women-owned businesses
- Drug/alcohol counseling
- Mental health counseling
- Family counseling
- Women's clinics/free clinics
- Legal services
- Homeless vet organizations
- Women's closet (clothing)
- Education (e.g. Ivy Tech)
- Job fairs
- Vet to Vet
- DAV
- AVER
- AMVETS
- American Legion #438
- County service officers

Like the Good Samaritan Network, HWV may request an annual (but nominal) membership fee; however, this could hamper relationship building with potential network partners.

C Network partners communicate available services, new initiatives, etc. via monthly meetings and a regular update of partner services on HWV's website.

Monthly meeting

A monthly meeting would give network partners an opportunity to learn about other organizations, help to reduce overlap of services, and foster cooperation among groups. Like the Good Samaritan Network, a typical meeting could include an update by HWV and presentations by attending network partners. These presentations could be added to the HWV website for future reference, along with a calendar of upcoming meetings.

Web Update

HWV could request that network partners provide regular updates of available support to keep HWV website current.

Messages

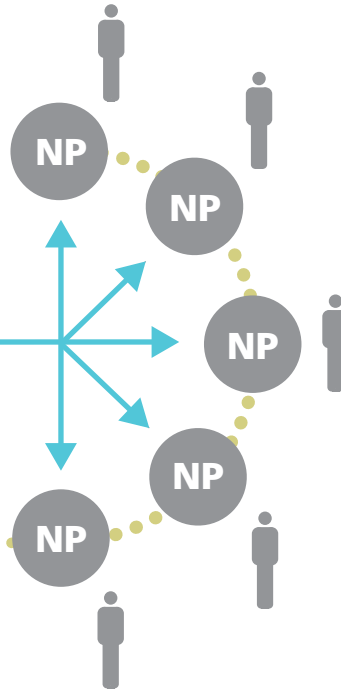
Communicate that HWV operates as a knowledge base for local support, not as an owner of support.

Communicate that working with HWV is an opportunity to advertise your organization.

HWV and TRANSITION ASSISTANCE

Given the challenges that soldiers often face when transitioning to civilian life, it may also be beneficial to align the services of Hoosier Women Veterans with Indiana transition assistance programs.

To promote the social support benefits of Hoosier Women Veterans, the hub organization might consider reaching out to Indiana's Transition Assistance Adviser. The adviser could become another network partner, and potentially benefit from learning more about other local social supports for women veterans. With the assistance of the Transition Assistance Advisor, Hoosier Women Veterans representatives could also become part of the multi-day transition assistance programs that are regularly offered on military installations across the state.



The “what” and “how” of creating a social support network for women veterans have been described in other parts of this paper; next is a discussion of the “when” and “where” of implementing it.

Bringing Hoosier Women Veterans to Those Leaving the Military

Readjusting to civilian life after the military can be challenging. Benefits like a regular income, a place to live, annually scheduled (and paid-for) medical examinations, and a general understanding of what the day will bring you, can seem to vanish when a soldier trades in her uniform for civilian clothes. The transition to civilian life can be even more difficult if one’s time in service included combat, or proximity to it. According to the Pew Research Center (2011):

While more than seven-in-ten veterans (72%) report they had an easy time readjusting to civilian life, 27% say re-entry was difficult for them—a proportion that swells to 44% among veterans who served in the ten years since the Sept. 11, 2001, terrorist attacks.

Other factors that may make readjustment more difficult include experiencing a traumatic event in the military, being injured, or knowing somebody who was killed or injured (Pew Research Center, 2011). As stated more simply by the American Legion (2015), “Leaving the military environment and transitioning back into the civilian sector is a task that many service members find to be an unfamiliar battle.”

One of this project’s participants explained that the three months immediately following military separation are a time when veterans need support the most. While published research that corroborates this information could not be found, the statements above attest to the sentiment that the transition from military to civilian life can be difficult for many veterans.

In an attempt to facilitate this change, the Department of Defense requires that service members participate in its Transition Assistance Program (TAP) prior to separating from the military. The multi-day program includes, among other things, sessions on finding work, financial planning, and VA benefits such as healthcare and education (DoD TAP). The length and content of TAP can vary depending on the branch of service through which it is offered. States also employ Transition Assistance Advisers to assist new veterans. As Indiana’s adviser explains:

The purpose of the Transition Assistance Adviser Program is to provide a professional to serve as the state point of contact to assist service members, veterans and their families in accessing the Department of Veterans Affairs services and benefits. The TAA also assists with obtaining entitlements through the military health system and shares details about community resources (DVIDS, 2014).

Given the challenges discussed above, and the critical three-month transition window mentioned by one research participant, it may also be beneficial to align the services

of Hoosier Women Veterans and its network partners with local transition assistance efforts. Educational institutions such as Indiana's Ivy Tech community college, and county service officers who assist veterans with completing VA benefits paperwork, are two types of network partnerships that may be of particular help to women veterans transitioning from military to civilian life; research participants mentioned these potential partners through the course of this project.

To more fully promote all of the social support benefits of Hoosier Women Veterans, such as military-like camaraderie and opportunities to share one's experiences and needs with peers, the hub organization might consider reaching out to Indiana's Transition Assistance Adviser. In doing so, the adviser could become another network partner, and potentially benefit from learning more about other local social supports for women veterans. With the assistance of the Transition Assistance Advisor, Hoosier Women Veterans representatives could also become part of the multi-day transition assistance programs that are regularly offered on military installations across the state, giving service members information on local support services, sharing personal experiences of transition, and letting new veterans know that they are not alone. These recommendations are also included in the visual "Hoosier Women Veterans Social Support Network Model (Figure 7)," but their feasibility will need to be explored further. Contact information for the Indiana Transition Assistance Advisor, and will be provided to the participant group as part of the final delivery of project outcomes.

SOLUTION OUTCOME 2:

Framework for Engaging Women Veterans

The following framework for engaging women veterans was created to assist other designers who may choose to work with women veterans. It is composed of four categories: I) recruiting women veterans, II) preparing to engage with women veterans, III) environment, and IV) methods. Within each part, applicable suggestions for designers are also offered. These categories mirror key design research challenges that were encountered through this project.

The individual framework categories are described below, and have been included in a visual analog. Like the Hoosier Women Veterans conceptual model, the framework is a prototype and a work in progress. It is a synthesis of written reflections on the project's challenges and successes, the design researcher's insights as a veteran, research on engaging study participants in other contexts, and the voices of the women veterans who worked on the project. In areas where the suggestions are derived from other contexts, attempts have been made to support their inclusion here with information from this project.

I. Recruiting Women Veterans

This project's outcomes are based on research conducted with a limited number of participants: two veterans, one active duty service member and the director of a local social support organization.

Informing study participants of research goals and methods when crafting recruitment material is vital. Regarding this project, however, as much effort should have been exerted on promoting the benefits of taking part in the project as was in providing the details required for informed consent. The goals of the project were carefully explained, volunteers were ensured that their participation was strictly voluntary, and the timeframe for the project sessions was given. The only incentive that was offered to the 10 addressees of the initial recruitment message, however, was “The benefit to participating is that we may find a better way to improve social support for women vets,” along with a “thank-you” in advance for their time and consideration. This may have contributed to the low turnout for this project’s participatory sessions.

Personal Reflection:

A friend of one of the research participants attended the final participatory session, and proved to be a valuable contributor to the project. It had not occurred to me to also consider recruiting friends or family members for this project, despite research that bears out their crucial role in supporting veterans. When recruiting for a veteran-focused design project, design researchers might look to this important source of knowledge as well.

The initial meeting with women veterans, which was set to discuss the project goals and to solicit participation for research sessions, was also met with low turnout. While there may have been practical reasons for this, such as busy schedules or a simple lack of interest, one of the attendees suggested that some of the veterans who were invited to the meeting opted out over concern that the research project was associated with the VA. While it was mentioned in the email invitation that the design researcher was a graduate student and a veteran, working on a class project, it was not explicitly stated that he was not connected to the VA. This disclaimer, at least, made it into the formal recruiting announcement for the project.

Since this project’s completion, and owing to unsuccessful attempts at generating interest in it, additional research has been conducted on recruiting study participants. While no information specifically relating to women veterans was found, some “disciplinary poaching” of studies from clinical practice and social science yielded better results. With some adaptation, which is described below, information could be helpful to those seeking to recruit women veterans for future design research projects.

Using social media to establish trust One 2013-2014 study involving research on Third Culture Kids (TCK) used Facebook to hold focus groups. Given their highly mobile lifestyles and presence across the world, TCKs were too difficult to reach for traditional focus groups (Lijadi and van Schalkwyk, 2015, 1). Researchers also recruited their study participants through Facebook, posting their research information on a Facebook TCK group and TCK websites; this yielded 20 replies and 25 private messages from people wanting to participate in the study. In their replies to potential participants, the researchers included pertinent study information such as project details, a consent form, and an invitation to join the Facebook Focus Group established for the study (Lijadi and van Schalkwyk, 2015, 5). The key benefits to recruiting online, according to the researchers, were in allowing focus group facilitators to establish rapport with study participants, and giving participants the opportunity to learn more about each other (Lijadi and van Schalkwyk, 2015, 7).

Design researchers looking to recruit women veterans may also consider using social media. The veterans in this project’s participant group mentioned social media sites such as Facebook and Google Hangouts as a main source of communication. In addition to having the benefit of allowing research participants to establish rapport

with one another, social media might also be a good way for researchers to learn more about their participants and establish trust prior to a given project. As suggested earlier, lack of trust may have also led to low recruitment numbers for this project.

Gaining trust by establishing no authority As a 2007 paper exploring the informed consent process in a clinical setting explains, one research coordinator gained a level of trust with potential study participants through their perceptions that the coordinator was part of the hospital's authority chain (Huntington and Robinson, 2007, 9). The exact opposite of this may have occurred during this project; perceptions that the design researcher was a representative of the VA possibly led to low recruitment for my project. In either case, it is valuable for a design researcher to understand that affiliation with an authority such as the VA can influence a participant's decision to take part in a project. An explicit statement in recruiting material or face-to-face meetings to indicate that the researcher is not a representative of the VA could be beneficial. Sending recruitment material through a peer within the target group may also help designers to establish trust.

Co-designing recruitment materials A 2015 study of investigators, research coordinators, and other stakeholders conducting clinical research offers insights that could also be beneficial for a design researcher setting out to work with women veterans. Here, women vets are central to the crafting of recruitment material.

The study points to the benefit of mentorship in identifying factors that may help project recruitment. As the authors explain:

Several [study] participants expressed frustration with being unable to find mentors or support from their departments to assist them in a feasibility assessment of their proposed protocol prior to submission. However, one participant noted that their study has had no problems in recruitment as a direct result of a consultation with senior investigator, an IRB expert, community liaison and a research coordinator with more than 10 years of experience.... (Stein et al., 651 2015)

The benefit of enlisting community partners in recruitment efforts was emphasized by another study participant, who explained the importance of "Preplanning with the community to find out best ways to recruit people and the most realistic number of people we're gonna recruit." (Stein et al., 651, 2015)

A design researcher embarking on a project with women veterans may also want to consider reaching out to that community before recruiting begins, for advice and guidance on how to best craft recruiting material for the intended audience.

While this project had a point of entry to the local women veterans' community, someone who encouraged members of her 'circle' to participate, she was not asked to help craft, or even review, the recruiting message. This stemmed from hesitation to request more time from a person who had already been so helpful, but also from a lack of awareness to even consider working with participants in the planning stages

of the project. Designing with stakeholders can, and probably should, begin before the first participatory session is scheduled.

Visual recruitment The recruitment message for this project contained substantial project information; it was also heavy on words. When crafting recruitment material, a design researcher may want to take the opportunity to showcase his or her skills in communicating visually. Interviewees in a 2014 qualitative study on the experience of research teams were concerned that participant information sheets were excessively long and detailed; to improve readability, one team opted to include images and pictures in its recruitment materials (Newington and Metcalfe, 2014).

In the case of this project, the recruiting message could have benefitted from the graphics that were developed for the overview discussed in Activity 1. In addition to making the recruitment material more engaging, the information included in those graphics (e.g., statistics on women veterans, major health complaints, benefits of social support) could have served to prime participants for future design sessions (Sanders and Stappers, 2012, 51).

Incentivizing participation One of the women veterans who was asked to participate in this project expressed concern that the design researcher was asking for a lot of information for free, and felt that veterans were being asked to devote a lot of time to projects. While it was not feasible to pay participants for their time, were other types of compensation available? While Crouch and Pearce (2012, 76) insist that large monetary incentives should not be offered to participants, they recommend that researchers offer an in-kind contribution to them. If the researcher is asking for time, then time may also be an appropriate method of repayment. The women from this project's participant group are all members of at least one veterans service organization. Larger organizations such as the American Legion typically have chapters across the country that are active in local causes such as clothing drives to assist homeless women veterans. As part of their recruitment materials, designers could offer to volunteer their time to the cause of a local VSO as a means of compensation.

One participant suggested that offering an alternative environment, such as "three days without the kids," would be a strong incentive for participating in a design research project. While that length of time could not be provided, her idea does suggest that engagements away from day-to-day life would be welcome by women veterans.

II. Preparing to Engage with Women Veterans

Becoming familiar with the language The use of military terms and acronyms can continue after a soldier makes the transition to civilian life. When people with a military background talk to each other, it can sometimes sound like a foreign language to the uninitiated. One of the project participants, recalling an experience with a class of women veterans and a civilian teacher who was unfamiliar with military culture, recommended that designers "learn the lingo" of veterans. There are a few online resources to help with this task. Military.com, a website that features resources for

Personal Reflection:

Through the course of this project, I found myself reaching into my military past more than I have in many years. My time in the service and my status as a veteran allowed me to understand my participant group more than design researchers with no military experience, even if this understanding related only to the language and general culture of the armed forces. I offer the suggestions in Part II, "Preparing to Engage with Women Veterans," to designers seeking to better understand this context.

soldiers and veterans from all military branches, offers periodically updated glossaries of jargon and acronyms. NPR has also released a list of terms relevant to the Iraq and Afghanistan wars. Links to these are included in this report's glossary.

Becoming familiar with the spirit Perhaps more important than learning the words of the military is grasping the tone—and spirit—in which they are delivered. One of the most time-honored traditions of the military is to ridicule branches other than your own, along with the soldiers who serve in those branches. The phenomenon carries over to veteran life. To provide some gentler examples of this custom, a veteran of the Air Force may refer to former Navy personnel as “squids.” A veteran of the Air Force who did not fly a plane may be referred to as “chairborne.”

While veterans understand that such exchanges are offered in the spirit of larger military camaraderie, they can seem a bit harsh to the uninitiated. “Knowing that hostility between branches is perfectly cool with the veterans” is one project participant's suggestion for designers.

Sharing information Discussing her own experiences as a soldier and as a veteran, one member of the participant group explained that “As a woman, it's something you just don't talk about. You just keep moving on.” Her statement echoes information found in guidance for engaging veterans in substance abuse treatment. A reluctance to share information or personal stories may be a reflection of a person's past military training or experience, and not evidence of resistance to treatment. If one's design project requires participants to discuss military or veteran experience, the designer should understand this. The Massachusetts Department of Public Health's guidelines for engaging veterans, which is discussed in my annotated bibliography (Appendix B), is a useful resource.

Attend a meeting In Indianapolis there are regular meetings of veterans service organization chapters; the veteran participants in this project are all members of at least one of these groups. A design researcher may consider asking to meet with a local VSO, such as an American Legion women veterans' post, to learn more about his or her context and to potentially recruit project participants.

III. Environment

When deciding where to hold the first design session, one participant suggested meeting at a well-known VA Vet Center. Using it, however, would have required additional VA approval, and could have delayed the project. The ultimate location for the meeting was the conference room of a public library familiar to some of the project participants; the intention was to offer a place that would not be intimidating to the group. This choice, however, belied some key considerations for establishing a creative environment.

Sanders and Stappers emphasize the necessity of preparing the space in which groups come together to create. “It is very important to think ahead about the space in

which generative sessions or analysis sessions are to be held.” (Sanders and Stappers, 2012, 57) That space should, according to the authors:

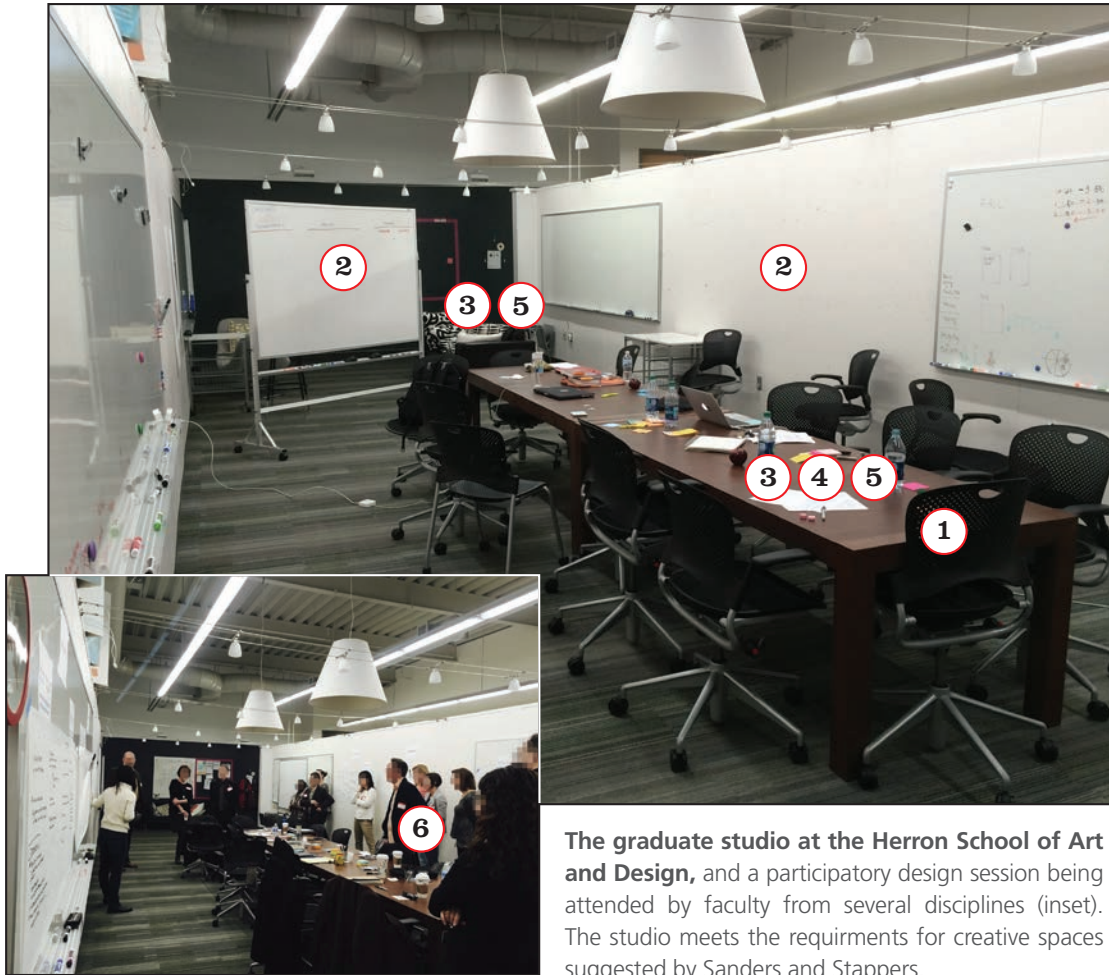
1. Have furniture that can easily be rearranged
2. Have walls where material (especially visual material) can be posted for all to see and act upon
3. Accommodate a wide variety of behaviors such as quiet reflection, active collaboration, mess-making, etc.
4. Provide both for individuals and for groups of varying size in working face-to-face
5. Provide for many moods including playful, stimulating, and informal as well as formal
6. Be open to people both inside and outside of the organization (Sanders and Stappers, 2012, 57)

The graduate design studio where the last participatory session was held did support active collaboration, and provided a space for visual material to be posted and engaged with. This resulted in a meeting that was much more productive than the first participatory design session. While the conference room used for the first meeting met some of the above criteria (it was open to everybody and could accommodate groups of varying size), wall space was limited and not conducive to displaying project materials, furniture was not easily rearranged, and messiness was not encouraged. It also did not provide for many moods, instead projecting a message that read, “We are here to hold a meeting.” As Tim Brown suggests, “... regulation-size spaces tend to produce regulation-size ideas.” (Brown, 2009, 36)

The notion of visibility was perhaps the greatest difference between the two spaces, and possibly the thing that made the greatest difference in the participatory session outcomes. As Brown maintains, “The simultaneous visibility of ... project materials helps us identify patterns and encourages creative synthesis to occur much more readily than when these resources are hidden away in file folders, notebooks, or PowerPoint decks.” (Brown, 2009, 35) Also, while the thought of providing a “neutral ground” for the first participatory session came from the desire to make research participants feel at ease, no discomfort emerged when the group moved to the unfamiliar environment of the studio for the final session.

See Figure 12 (next page) for an example of a creative space.

A Creative Space



The graduate studio at the Herron School of Art and Design, and a participatory design session being attended by faculty from several disciplines (inset). The studio meets the requirements for creative spaces suggested by Sanders and Stappers.

1. Furniture can be rearranged
2. Walls and boards to display visual material
3. Different areas (a table, a sitting area) to allow for different behaviors
4. Groups of different sizes can work face to face
5. Formal and informal moods can be accommodated
6. The space is open to people both inside and outside of the school

FIGURE 12: Example of a creative space

IV. Methods

Some of the methods chosen for this project were successful; others were not. Drawing on the time spent with the participant group, the knowledge I gained from past engagements with VA patients, and reflections on these experiences, the following broad approaches to selecting design research methods are offered below.

Choose methods that foster group conversation For reasons mentioned earlier, a longer-than-anticipated group discussion occupied most of the time spent during this project's first activity. Previous engagements with other veteran groups also resulted in extended conversations. In these situations, the discussions themselves were not the problem; not being more than loosely prepared to adapt to the situation was more of an issue. In retrospect it may have been more appropriate to choose methods that accommodated, and even fostered, a conversation with my group of women veterans.

Since the end of that first activity, a design research method was discovered that enables small group conversation while at the same time ensuring timely capture of participant insight: the World Café. In World Café, a facilitator asks rounds of context-specific questions to groups of four to five participants seated at small, coffee shop-like tables. The group discusses a given question for about 20 minutes. After that time, a representative from each table recaps the group's conversation for the facilitator, who records the information, usually, through visual note taking. After each round, participants switch tables and begin discussing the next question (www.theworldcafe.com).

As is the case with recruiting, design researchers may also consider turning to social media to start a conversation with women veterans. Designers could first follow, and then participate in, an established online forum (Kumar, 2013, 85), or they could begin their own Facebook Focus Group to pose project-relevant questions (Lijadi and van Schalkwyk, 2015, 5). Project participants counted social media as a key means of group communication.

Choose methods that provide an initial visual stimulus In the last participatory session, the agenda items were completed within the scheduled timeframe, and the group provided much detail for the conceptual model. The tone of the engagement was still conversational, but the work was more focused. Why?

The method chosen to both create and critique the concept for Hoosier Women Veterans was experience diagramming. A few key tasks that exist within the network were highlighted; women veterans, the hub organization, and network partners were represented; and various waypoints for both navigating the network and maintaining network partner relationships were illustrated (LUMA Institute, 2012, 37). Of course, other visual methods could have been used to illustrate the concept. A narrative journey through the network could have been created using storyboarding (Kumar, 2013, 269); another option would have been to act out the concept for participants (Brown, 2009, 95). The true benefit of using a visual stimulus—particularly to introduce the goals of the evaluation session—is its ability to make the idea more

concrete to participants and keep the conversation focused. By using the visual of the first prototype to guide the meeting, everybody could concentrate on the task at hand, share their thoughts, and offer feedback (Kolko, 2011, 56).

See Figure 13 (next two pages) for a condensed version of the Framework for Engaging Women Veterans.

I. RECRUITMENT

Crafting messages, offering incentives that align with the needs and desires of women veterans

Using Social Media to Establish Trust

Designers looking to recruit women veterans for projects may consider using social media. The veterans in the participant group for this project mentioned social media sites such as Facebook and Google Hangouts as a main source of communication. In addition to having the benefit of allowing research participants to establish rapport with one another, social media might also be a good way for researchers to learn more about their participants and establish trust prior to a given project.

Gaining Trust by Establishing No Authority

Perceptions that the design researcher was a representative of the VA may have led to low recruitment for this project. It is valuable for a design researcher to understand that affiliation with an authority such as the VA can influence a participant's decision to take part in a project. An explicit statement in recruiting material that indicates otherwise could be beneficial. Sending recruitment material through a peer within the target participant group may also help designers to establish trust.

Co-designing Recruitment Materials

A design researcher embarking upon a project with women veterans may also want to consider reaching out to that community before recruiting begins, for advice and guidance on how to best craft recruiting material for the intended audience.

Visual Recruitment

When crafting recruitment material, a design researcher may want to take the opportunity to showcase his or her skills in communicating visually. Using visuals to describe study information can make recruitment messages more engaging, and prime participants for future sessions.

Incentivizing Participation

If monetary compensation is not appropriate or feasible, then researchers may consider offering time. The women from the participant group for this project were all members of at least one local veterans service organization; as part of their recruitment materials, designers could offer to volunteer their time to a cause of one of these organizations.

One participant in this project felt that offering an alternative environment, such as "three days without the kids," would be a strong incentive for participating in a design research session. While setting aside this amount of time for a project might not be possible, her idea does suggest that engagements away from day-to-day life would be welcome by women veterans.

II. PREPARING TO ENGAGE

Preparing yourself for working with women veterans

Becoming Familiar with the Language

One of the project participants, recalling an experience with a class of women veterans and a civilian teacher who was unfamiliar with military culture, recommended that designers "learn the lingo" of veterans. There are a few online resources to help with this task. **Military.com**, a website that features resources for soldiers and veterans from all military branches, offers periodically updated glossaries of jargon and acronyms. **NPR** has also released a glossary of terms relevant to the Iraq and Afghanistan wars (sites accessed April 25, 2015).

From Military.com:

<http://www.military.com/join-armed-forces/military-terms-and-jargon.html>

<http://www.military.com/join-armed-forces/glossary-of-military-acronyms.html>

From NPR:

<http://www.npr.org/sections/parallels/2013/12/04/248816232/u-s-military-lingo-the-almost-definitive-guide>

Becoming Familiar with the Spirit

One of the most time-honored traditions of the military is to ridicule branches other than your own, along with the soldiers who serve in those branches. The phenomenon carries over to veteran life. While veterans understand that such exchanges are offered in the spirit of larger military camaraderie, they can seem a bit harsh to the uninitiated. "Knowing that hostility between branches is perfectly cool with the veterans" is a suggestion for designers from one of my project's participants.

Sharing Information

Discussing her own experiences as a soldier and veteran, one member of the participant group for this project explained that "As a woman, it's something you just don't talk about. You just keep moving on." As other sources have suggested, reluctance to share information or personal stories may be a reflection of a person's past military training or experience. If one's design project requires participants to discuss military or veteran experiences, the designer should understand this.

Attending a Meeting

In Indianapolis there are regular meetings of veterans service organization chapters; the veteran participants for this project are all members of at least one of these groups. A design researcher may consider asking to meet with a local VSO, such as an American Legion women veterans' post, to learn more about his or her context and potentially recruit project participants.

FIGURE 13: Framework for Engaging Women Veterans

III. ENVIRONMENT

Selecting and preparing a space that supports both conversation and creation

Preparing a Creative Space

Sanders and Stappers (2012) emphasize the necessity of preparing the space in which groups come together to create. "It is very important to think ahead about the space in which generative sessions or analysis sessions are to be held." That space should, according to the designers:

1. have furniture that can easily be rearranged
2. have walls where material (especially visual material) can be posted for all to see and act upon
3. accommodate a wide variety of behaviors such as quiet reflection, active collaboration, mess-making, etc.
4. provide both for individuals and for groups of varying size in working face-to-face
5. provide for many moods including playful, stimulating, and informal as well as formal
6. be open to people both inside and outside of the organization

Using a design studio that met the above criteria resulted in a productive engagement during this project.

IV. METHODS

Picking methods that match your participant group's way of working

Methods That Foster Group Conversation

Previous engagements with veterans often led to group discussion, a situation which the design researcher was not always prepared for. In retrospect, it may have been more appropriate to choose methods that accommodated, and even fostered, a conversation with the participant group. Some possibilities include:

World Café In World Café, a facilitator asks rounds of context-specific questions to groups of four to five participants seated at small, coffee shop-like tables. The group discusses a given question for about 20 minutes. After that time, a representative from each table recaps the group's conversation for the facilitator, who records the information, usually, through visual note taking. After each round, participants switch tables and begin discussing the next question.

See www.theworldcafe.com (Accessed May 26, 2016).

Online Forums As is the case with recruiting, design researchers may also consider turning to social media to start a conversation with women veterans. Designers could first follow, and then participate in, an established online forum, or they could begin their own Facebook Focus Group to pose project-relevant questions. The participant group of women veterans for this project counted social media as a key means of group communication.

Methods That Provide an Initial Visual Stimulus

For this project, the true benefit of using a visual stimulus to introduce and guide a participatory session was in its ability to make an idea more concrete to participants, and to keep the conversation focused. Everybody could concentrate on the task at hand, share their thoughts, and offer feedback.

The method chosen to both create and critique the concept for the Hoosier Women Veterans social support network was **experience diagramming**, which laid out the key points of the network in a visual, almost schematic format. Other visual methods that could have been selected to illustrate the concept include **storyboarding**, to create a narrative journey through the network, or even **acting out** the concept for participants.

CONCLUSION

“Stuff like this is good for me.”

—Project participant, on meeting women veterans and finding ways to help

CONCLUSION

Through the course of this project, a conceptual model for networking social supports for women veterans has been developed that attempts to make finding help easier, reduce overlap in existing social supports, and foster communication between partner social support organizations.

This was accomplished through participatory design. By using a series of design research methods to capture the voice of women veterans, and by visually representing the outcomes of each phase of the project, the participant group was able to create a map of uniquely tailored needs and desires, as well as strategies for fulfilling them. The director of an existing, local social support network was also interviewed, to find ways to adapt that organization's practices to our proposed model. The product of this work—Hoosier Women Veterans—is the first step in integrating social supports for Indiana women veterans.

Both challenges and successes were encountered while working with women veterans. Most of the challenges were due to a lack of experience in this context, and the successes were a result of reflecting on these challenges. These reflections, along with additional research, have been combined into a framework for engaging women veterans that may assist other designers who choose to work with women veterans in the future.

Women veterans continue to grow in number, and their needs are beginning to gain attention both inside and outside of the government. Both the conceptual model and the framework for engagement will need feedback from larger groups of women veterans, and other design researchers, to validate these outcomes. The hope is that this project will have a long-term impact on available social supports for Indiana women veterans and spark interest among the design community in working with this underserved and in-need group.

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GLOSSARY

Affinity clustering (LUMA Institute, 2012, 40): A convergent method used to identify patterns within data. Research participants and/or designers categorize data (usually captured on Post-it notes) by similar sentiment and then create overarching themes for each category.

Analysis: Designer Hugh Dubberly characterizes analysis as defining and modeling an existing state, such as “the problem, current situation, research, constituent needs, or context.” It is ultimately an exploration and interpretation of the designer’s research.

Brainstorming: A divergent method for creating a quantity of solutions for a problem while actively discounting critical considerations, such as viability or cost. According to Basadur, being critical during the brainstorming process hampers people’s ability to create novel ideas, or to generate a significant number of them.

Conceptual model: In the context of this thesis, a conceptual model is a diagram or visual that shows the relationship between key elements of an idea, helping people to better understand that idea. The Hoosier Women Veterans conceptual model, created as part of this thesis project, is a visual that shows the key elements of the proposed social support network; it was created to illustrate for the participant group how the network might function. Similarly, a scale model of a car is also a conceptual model; its constituent parts, when assembled, show how an actual car functions.

Critique (LUMA Institute, 2012, 24): A formal process for receiving stakeholder feedback, a Critique asks participants to offer positive comments, followed by negative comments, and then ways to improve a proposed solution.

Design facilitation: The guiding of a group of stakeholders through a design project by an experienced designer.

Design research: In the context of this thesis, the practice of understanding stakeholders and their needs, the result of which informs each phase of a design project.

Design thinking: A problem-solving methodology that assumes no outcomes for a solution and seeks to avoid unintended consequences in developing that solution. Participatory or people-centered design thinking relies on stakeholders to identify problems and generate innovative solutions that are tailored to their unique needs. The design thinking process typically involves the creation and use of visual artifacts.

Framework: According to Merriam-Webster, a framework is “a set of ideas or facts that provide support for something.” The experience gained from working with women veterans on this project, and the facts collected from researching the thesis context, support the suggestions made in the proposed framework for engaging women veterans.

Gender-specific: In the context of this thesis, particular to women or men. For example, a gender-specific risk assessment for PTSD would ask different questions for a woman than it would a man.

Gender-sensitive: In the context of this thesis, awareness of, or consideration for, the feelings or needs of women or men. For example, making women mental health counselors available to women patients is a gender-sensitive option.

Innovation: The creation of a new product or service. Previous creations that are brought to a new context can also be thought of as innovative.

Method: In design research, a method is a tool or activity used to inquire and/or gain knowledge about something. For example, prototyping is a method for showing how a new website might look or function; a design researcher might then use think-aloud testing as a method to learn how a person feels when navigating the prototype site.

Methodology: In design research, a methodology is the rationale that guides the methods a researcher uses. Methodology also refers to the set of methods themselves.

Military sexual trauma (MST): According to the Department of Veterans Affairs, MST is “sexual assault or repeated, threatening sexual harassment that occurred while [a] Veteran was in the military.”

Military social support: Social support that is gained from people who have shared military experiences.

Participatory design: According to Jon Kolko, “participatory design is a broad label for creative activities that are done with end users—where designers act as facilitators or visual translators for people who may not be skilled or confident in idea expression. The activities can take many forms, but the most common ones use visual and semantic tools—such as stickers, blocks of words, or ambiguous shapes—to offer expression to nondesigners. Participants are prompted to use these tools to create their own interfaces, products, services or systems. After creating these artifacts, participants answer the designer’s questions about what they’ve made, to identify their creative intent. Participants also may begin to articulate their feelings about specific visual or semantic qualities.”

People-centered design: Specific groups of people are the focus of research in a people-centered design project. They are the intended user of a final product or service, but they are not necessarily part of the design process.

Post-traumatic stress disorder (PTSD): According to the Mayo clinic, PTSD “is a mental health condition that’s triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.” Exposure to combat is a leading cause of PTSD.

Primary research: According to the University of Victoria, primary research is conducted using “A document or record containing first-hand information or original data on a topic,” such as an interview, personal journal or survey.

Problem space: A general context within which several problems exist. For example, “women veterans’ healthcare” is a problem space that encompasses problems such as access to care, gender specificity of care, and social support.

Prototype: A model of a potential solution, also used to learn more about a problem. Prototypes can vary widely in their fidelity, from a sketch on paper to a working device. Also, to create a prototype.

Qualitative data: According to the Oxford English Dictionary, data “relating to, measuring, or measured by the quality of something rather than its quantity.” Examples include thoughts, feelings, or descriptions.

Quantitative data: According to the Oxford English Dictionary, data “that is, or may be, measured or assessed with respect to or on the basis of quantity.” Examples include age, numbers of people, or responses to “yes” or “no” survey questions.

Secondary research: According to the University of Victoria, secondary research is conducted using “Any published or unpublished work that is one step removed from the original source, usually describing, summarizing, analyzing, evaluating, derived from, or based on primary source materials.”

Service member: Anybody who serves in the U.S. military.

Social support: Typically broken into four categories, social support is a behavior or action that makes a person feel cared for. Examples include telling somebody they are loved (emotional support), offering information that is useful for self-evaluation (appraisal support), providing information to help somebody make a difficult decision (informational support), or offering money or services to somebody in need (instrumental support). From Glanz et al., *Health Behavior and Health Education: Theory, Research and Practice*, 2008. See also: military social support

Solution Diagram (Kumar, 2013, 266): A visual representation of the various elements that make up a solution; typically associated with the design of services.

Stakeholder: According to the Oxford English Dictionary, a stakeholder is “a person with an interest or concern in something...” More specifically, and as it relates to design research, it is someone who can affect or be affected by the outcome of a design project, such as a new product or service.

Synthesis: Hugh Dubberly refers to synthesis as “the other side of the coin” that is formed thorough analysis; it describes and models a “preferred future [or] solution.” The end-product of synthesis is a new, but concrete and realized, state.

Third Culture Kid: A child who was raised in a culture other than that of their parents.

Township trustee: In Indiana, a township trustee is the elected administrator of a township—the subdivision of a county.

Transition Assistance Program (TAP): A U.S. Department of Defense program intended to prepare service members for the transition from military to civilian life. Examples of TAP services include career counseling, financial planning, and VA benefits briefings, including healthcare benefits.

U.S. Department of Veterans Affairs (VA): Among other things, the VA determines eligibility for and provides certain healthcare services to women and men who served in the U.S. military.

VA Medical Center (VAMC): A Veterans Health Administration hospital. There are 150 VAMCs in the United States.

Veteran: In the context of this thesis, anybody who has served in the U.S. military, regardless of service length or discharge status. This definition varies from the narrower one used by the VA to determine healthcare benefit eligibility. To qualify for VA healthcare benefits, a person usually must have served on active duty for two consecutive years and received a discharge other than dishonorable.

Vet Center: A Vet Center is a VA-sponsored facility that provides free counseling, outreach and referral services to veterans. There are five Vet Centers in Indiana.

Veterans Health Administration (VHA): The VA department responsible for determining veterans' healthcare benefits; also, the VA healthcare system of hospitals and clinics. The acronym "VA" is often used when discussing the VHA.

Visual Translator: One who puts the words and ideas of others into a visual format, as through sketches or diagrams.

Additionally, the following links will take readers to glossaries of common military terms (sites accessed April 25, 2016):

From Military.com:

<http://www.military.com/join-armed-forces/military-terms-and-jargon.html>

<http://www.military.com/join-armed-forces/glossary-of-military-acronyms.html>

From NPR:

<http://www.npr.org/sections/parallels/2013/12/04/248816232/u-s-military-lingo-the-almost-definitive-guide>

APPENDICES

APPENDIX A: Voices of Women Veterans

Participatory design is beginning to take hold in the Veterans Administration, but one of the purposes of this thesis was to also assist any designer who is interested in women veterans' issues. To that end, the final question project participants were asked was "What should designers know about working with women veterans?" What follows are their replies.

Participant 1

"The cultural change in transitioning vets"

"The 'alpha female' mentality makes it hard to get people together."

"Why would he [the designer] want to talk to me?"

"'Nothing is going to change' mentality."

"Empowering them [women vets] to know they can make a change."

"Stuff like this is good for me." (i.e., meeting veterans, finding ways to help.)

Participant 2

"Learning the lingo" of veterans (e.g., military terminology, acronyms)

"Knowing that 'hostility' between branches [of military] is perfectly cool with the veterans."

"It's harder to get a sample group [that's representative of all women veterans] from word of mouth."

"What's in it for me' mentality

"Three days without kids" (regarding incentives for participation in a project)

"As a woman, it's something you just don't talk about. You just keep moving on."

Participant 3

"Women vets have a hard time accepting a thank you."

"Veterans will do what other veterans do."

"Women veterans want to help."

APPENDIX B: Annotated Bibliography

I. Women Veterans

There are many women veterans, and the number is growing.

Women veterans make up just over nine percent of the overall veteran population today, or more than 9,000,000 women vets total. Indiana is home to about 33,000 women veterans. That number will only get larger as more women continue to join the military.

Women veterans have health issues that are different from the general population; their care should also be specialized.

The main diagnosis for women veterans is PTSD. Behind PTSD are hypertension and depression. Additionally, about 20 percent of women veterans report being the victim of military sexual trauma. Where can they go for help?

New York Times. “The V.A.’s Woman Problem.” 2015.

The article, and opinion piece by Helen Thorpe, discusses the state of women veterans’ healthcare inside the VA. Using the stories of women vets, the author points to various VA shortcomings, such as an inadequate number women’s specialists, the relegation of women’s clinics to obscure parts of VA hospitals, and the general sense of exclusion that some women feel when visiting the VA. Ms. Thorpe states that the VA’s “problem” is not one of will but rather one of money, explaining that the administration is faced with competing budget priorities and an influx of new veterans from the Iraq and Afghanistan wars.

Disabled American Veterans (DAV). “Women Veterans: The Long Journey Home.” 2015.

Through voices collected from filmed interviews and a wealth of statistical data, this comprehensive DAV report describes the challenges faced by women veterans, and provides several recommendations for improvement. Some of the larger health and social issues covered in the report include PTSD, military sexual trauma, TBI, suicide, transition from military to civilian life, reintegration following deployment, education, and employment.

To highlight the critical nature of its suggested reforms, the DAV points to two well-cited facts: 1.) there are more women in the military today than in any other time in

this country's history, and 2.) women veterans are the fastest growing users of VA healthcare services.

The DAV's recommendations for improved women's healthcare mirror the findings of earlier reports, and amplify a few. Their suggestions include improving of gender-specific healthcare, establishing peer support networks for women veterans and creating a culture of inclusion within the VA.

II. The Department of Veterans Affairs (VA)

Women can get specialized care at the VA.

Due to an increase in military enlistment by women, the Iraq and Afghanistan wars, and the mental and physical health issues that have attended this, women veterans have become the fastest-growing users of VA healthcare services.

In recent years, the VA has taken measures to accommodate the rise in women users, including hiring trained women veterans coordinators and women's health specialists, creating specialized Patient Aligned Care Teams, and establishing a hotline and website for women veterans. This is certainly a step in the right direction.

There are, however, obstacles, including acceptability and awareness issues on the part of women vets, and resources on the part of the VA.

Whether they are perceived or real, the VA continues to struggle with several challenges regarding women veterans' healthcare. Some women feel that the VA's services are not gender sensitive or gender appropriate. Women may feel like they are not welcome at VA hospitals, and some do not even know they qualify for VA healthcare benefits. Sheer numbers present the VA with an uphill battle. Despite their best efforts to help women veterans, the VA is, and always will be, a government agency with a constrained budget. With 8.76 million veterans from a range of military eras to serve (over 613,000 are women), the VA healthcare system is faced with a considerable number of people and health conditions to treat.

If the VA is unable to bear the burden on its own, for a variety of reasons, who can women veterans turn to? Friends, family, and especially other veterans, in the form of improved social support, may be an option.

Susan M. Frayne et al. "Health Status Among 28,000 Women Veterans: The VA Women's Health Program Evaluation Project." 2006.

Using data from the 1999 Large Health Survey of Veteran Enrollees, a questionnaire mailed to a random sample of 1.5 million VA users, the authors attempted to determine if the health status of women veterans differed from that of male veterans across age ranges, and if social support affects the health status of women veterans differently than it affects the health status of veterans who are men.

The study found that, overall, the "health status of women veterans is comparable to that of male veterans, who represent the bulk of VA clinician's practices, and who are well known to be much sicker, on average, than the general population." Women veterans also had worse physical and mental health scores than their female counterparts in the general population. Lower levels of social support among women

veterans were suggested as a contributing factor to health status, along with other possibilities such as combat exposure and military sexual trauma. The authors end by indicating that health interventions for women veterans with low levels of social support should be sensitive to social context, and may need to be different than those for men.

“...female VHA patients are not substantially better off, suggesting they will require comparable intensity of services.”

Donna L. Washington et al. “Access to Care for Women Veterans: Delayed Healthcare and Unmet Need.” 2011.

This article outlines key factors preventing women veterans’ access to healthcare, chief among them being unaffordability of insurance. While VA coverage is mostly free, the authors’ research showed that the system is not without its own healthcare access barriers. These included women’s perceptions about VA healthcare quality, gender-appropriateness of services, the VA environment, and women’s knowledge of VA eligibility and services (nonusers of the VA system had a worse perception of VA care than users). Similar barriers were revealed for women veterans of Operation Enduring Freedom/Operation Iraqi Freedom, who represent the 44% of the “market penetration” (14% for women veterans of other military eras). Additional VA barriers identified by women OEF/OIF vets included gender sensitivity of healthcare staff, coordination of obstetrical and mental health services, and navigation of VA clinical sites. Emphasizing the need for targeted healthcare interventions across various age groups and risk categories, the authors provided several recommendations for better access to VA services, including providing better information on the availability and affordability of VA healthcare, improving gender-sensitive care, and increasing social support services.

Caroline L. Goldzweig et al. “The State of Women Veterans’ Health Research: Results of a Systematic Literature Review.” 2006.

The article, a literature review of 278 titles related to healthcare for women veterans, showed that most articles were “descriptive and observational in nature” and discussed only a few health issues. These included military-related stress, health services research, and psychiatric conditions; most of the literature was in some way related to PTSD and the association of military sexual trauma with PTSD. The authors found little on the evaluation of treatment programs or treatment of PTSD/military sexual trauma as it specifically relates to women veterans. The review also found gaps in literature on chronic diseases and their prevalence, healthcare preferences and needs reported by women veterans, and assessments of healthcare quality or ways to improve it.

The article concludes by recommending that research on PTSD in women veterans should continue, but that the above topics should also be included in future research.

A postscript captures the voices of women vets:

"I did not learn of VA health care until many years of active duty. I wish I had checked into it before. It has made a difference in my health."

"I was unaware that healthcare was available for women veterans until 10 years ago."

"In the...VA system, I felt like I was not wanted. The VA rep kept giving me the runaround...a rep helped me overcome my fear of the VA system. From then, I'm cared for better than any civilian doctors I went to."

"I haven't attempted to get health care at the VA until 3 years ago. My prescriptions went up so much I had to turn to the vets. My experiences are very good. Everyone here is very thorough and compassionate."

"Initially, VA was a nightmare. I stayed away for two years. No idea of women's issues. Very pleased with current experience past two months."

Bevanne Bean-Mayberry et al. "Systematic Review of Women Veterans' Health: Update on Successes and Gaps." 2011.

Expanding on the 2006 review of literature related to women veterans' health (Goldzweig et al.), the authors found that more research was conducted from 2004 to 2008 than in the preceding 25 years. While the literature generally continued to be mostly observational, they did note a few research successes, which included new information on the prevalence of chronic diseases in women veterans, treatment outcomes for PTSD, and new knowledge on access to care.

Ongoing gaps included intervention outcomes for chronic physical and mental illnesses, life-span healthcare issues for women veterans and the effects of the transition from military service to civilian life.

Patricia L. Conard and Myrna L. Armstrong. "Advocating for Deployed Women Veterans' Health Differences, Difficulties, and Disparities." 2015.

The target audience for this article is civilian nurses, who often treat women veterans without knowing about their military, deployment, or combat histories. By asking one simple question, the authors maintain, caregivers could spark a vital conversation with their patients: "Have you served in the military?"

In support of better services for deployed women veterans, the article relates some gender-specific responses to common combat exposures/experiences, which include PTSD, military sexual trauma, reproductive issues (e.g., peer- or self-performed abortion), and suicide. The authors use the case of PTSD to highlight the larger issue of gender disparity in VA medical treatment:

... even with all the PTSD symptoms women veterans present, they often do not meet the length of combat exposure criteria when evaluated with unisex VA measures. Thus, women are often not diagnosed as promptly, they receive lower disability rating, and they experience different treatment/benefits.

Alison B. Hamilton et al. “Factors Related to Attrition from VA Healthcare Use: Findings from the National Survey of Women Veterans.” 2013.

Using data from the National Survey of Women Veterans (2008-2009), the authors provide the reasons behind an estimated 30% attrition rate among women veterans within 3 years of initial VA use. The top five reasons, which make up almost 80% of the total responses, were:

1. Closest VA too far from home (29.6%)
2. Insurance coverage outside of the VA (25.3%)
3. Higher care quality outside of VA (10.2%)
4. Bad past experience with VA (9.1%)
5. Perception of or actual ineligibility for services (5.6%)

According to the authors, “Given that only a small portion of women veterans currently use VA, a 30% attrition rate is of concern, and potentially indicative of aspects of the healthcare system that need to be developed or improved.”

Shelia R. Cotten, PhD et al. “Social Support Among Women Veterans.” 2000.

This study identifies certain factors that may affect levels of social support among women veterans from different military eras. Key findings that can either strengthen or constrain social support included problems with relatives, housing, paying bills and feelings of loneliness (especially in WWII-era veterans). The authors’ findings indicated a link with education and increased social participation. The authors also suggest that women veterans from the Vietnam era may be particularly disadvantaged in terms of social support.

The study is limited in its use of VA patients as research participants; the findings in this report may also hold true for women veterans who go outside the VA for healthcare.

III. Social Support

Improved social support may be useful in helping women veterans avail themselves of VA or other healthcare services when they are needed. It may also help reduce that need.

Social support covers a spectrum of words and actions that can make a person feel cared for. Telling a friend you love them is social support. Information from a doctor that prepares a patient to fight a disease is social support. Offering to look after a friend's child so they can go to a doctor's appointment is social support.

Social support structures already exist for women veterans: there are veteran's service organizations, VA Vet Centers, nonprofits, websites and others. What is less known is the extent to which these supports are fulfilling the needs of women vets, or if there are opportunities for various groups to work together to provide improved support. The people who can best determine this are women veterans.

Most women veterans don't use the VA. But those who do still need assistance. And those who don't use the VA for healthcare could possibly use it too. If a person has good social support, they can think about visiting a doctor if they are not feeling healthy. But also, if they have good social support that visit might not be necessary.

Shira Maguen. "Gender Differences in Mental Health Diagnoses among Iraq and Afghanistan Veterans Enrolled in Veterans Affairs Health Care." 2010.

The report stresses the importance of gauging social support levels in veterans, as social support often serves as a "protective factor" against certain mental health diagnoses. The authors also suggest improving community reintegration for those who have recently separated from the military.

Keren Lehavot et al. "The Role of Military Social Support in Understanding the Relationship Between PTSD, Physical Health, and Healthcare Utilization in Women Veterans." 2013.

Using a sample of 3,524 women veterans who completed the 2008-2009 National Survey of Women Veterans, the authors examine the effects of PTSD and military social support on physical health and VA visits. They find that:

Women veterans who screen positive for PTSD are more likely to report poorer physical health and greater VHA utilization, whereas those who report greater maintenance of military social support also report more physical health and less frequent VHA utilization. Military social support was equally protective regardless of women's PTSD status ...

The report was limited in its use of only military social support (support from post-active duty military friends) and VA visits as evidence; the authors recommend further studies to examine other social support sources and their relationship to better physical health.

Kristin Mattocks et al. “Women at War: Understanding How Women Veterans Cope with Combat and Military Sexual Trauma.” 2012.

Using qualitative data from “semi-structured” interviews with nineteen OEF/OIF women veterans, the authors attempt to understand the larger combat and military sexual trauma experiences of women of that military era, and learn how women veterans cope with the effects. Of particular interest was the importance many of the women place on connecting with other veterans. Since many women do not use the VA for healthcare, communities, state-level VA offices, and veterans service organizations become important for establishing and finding these connections.

Keren Lehavot et al. “Posttraumatic Stress Disorder Symptom Severity and Socioeconomic Factors Associated with Veterans Health Administration Use among Women Veterans.” 2015.

This study, based on a 2013 national survey of 617 women veterans, relates PTSD, depressive symptoms, and low income to VA use. In sum, women with high PTSD and depressive symptoms who are relatively younger, or women with very high PTSD symptoms who are older, are more likely to use VA healthcare services. In women with lower PTSD symptoms, lower income is also associated with VA use.

Of particular interest were the implications of these results. While the VA already has a policy of screening all veterans for PTSD and depression, other studies (some included in this literature review) show that many women veterans either use non-VA clinics as their primary providers or are referred to other clinics by the VA. Based on this, the authors recommend that community providers consider implementing routine mental health screenings for the women veterans they serve. For low-income women veterans, they recommend a social services needs assessment, as assistance with housing or finances could help patients engage with treatment and improve therapeutic rapport.

IV. Participatory Design

Participatory design is well suited to capture the social support needs of women veterans, allowing those in search of help to help each other.

Participatory design relies on the side-by-side participation of stakeholders and experienced designers; the result is uniquely tailored solutions. In participatory design projects, designers facilitate stakeholders and visually capture outcomes, in effect creating a “map” of needs, desires, and strategies for fulfilling them.

As a goal of this project was to improve social support for women veterans as a means to better their overall health, works on participatory design in the healthcare setting were selected as a guide. No explanations were found as to why the proposed methods or methodologies were specific to or more appropriate for use in healthcare; however, insights were gained that helped with developing a research plan, and learning about how to engage veterans.

Massachusetts Department of Public Health Bureau of Substance Abuse Services. “Practice Guidance: Engaging Veterans in Treatment.” 2015.

Created to provide guidance to substance abuse counselors who work with veterans, this article also offers valuable insights for participatory designers. Two key “areas of understanding” are discussed: 1.) diverse experiences and 2.) characteristics of military culture.

Diverse experiences: Those working with veterans should understand that “veteran” is a very broad term, describing people who served in combat and non-combat roles, in Vietnam, Bosnia, Somalia, the Persian Gulf, Iraq and Afghanistan to name a few. The experiences of violence and the resultant health effects are similarly far-reaching.

Military culture: Counselors should understand that a reluctance to share information or personal experiences is part of ingrained training (combat, loyalty to fellow soldiers, operational security), as well as “moral injury,” (failing to prevent loss of life, taking a life) –not evidence of resistance.

There are a few implications here for the designer. Care should be taken to understand the specific context of each veteran in of group of potential research participants. This can inform the methods used to engage veterans, as well as the scale and scope of the design project. Considering design challenges that involve, to the extent possible, shared experience (e.g., specific wars or conflicts, age) may also be beneficial—especially for the short length of this thesis project.

Pamela Napier and Terri Wada. “Co-Designing for Healthcare : Visual Designers as Researchers and Facilitators.” 2015.

The authors walk readers through a participatory design project aimed at improving a daily online report used by several Indiana emergency services organizations. They discuss the importance of a pre-consultation to determine the scale and scope of a project, to identify problem/opportunity spaces, and to help develop a research plan. They also emphasize how outcomes from earlier design sessions can inform the methods used in future sessions (i.e., the research plan is fluid). Other participatory design case studies involve following plans that are fairly prescribed from beginning to end.

Of particular interest were the difficulties the design team encountered when moving to the implementation phase of the design project. Being neither the graphic designers nor the IT specialists responsible with rolling out the final product, the authors noted challenges in managing the deadlines and working processes of those teams, which ultimately lead to delays. This suggests that a contemporary designer may have to shift from a “people-centered” mindset to something more akin to traditional management in this final design phase (or perhaps managing expectations at the beginning of the project is the crucial component).

Simon Bowen et al. “How Was It for You? Experiences of Participatory Design in the UK Health Service.” 2013.

By asking project participants to reflect on the process and outcomes of designing better outpatient services for older people (BOSOP), the authors provide a critique of Experience-based Design (EBD), a “defined method...which represented the state of the art in participatory service design within the UK National Health Service.” The four-step method involves recruiting patients, caregivers and healthcare staff in 1.) capturing lived experiences via stories, 2.) understanding those stories via the creation of “emotional maps,” 3.) improving the services and 4.) measuring the outcome of the improvement.

The authors maintain that the “capture” and “understand” phases of the BOSOP project were successful, in that they allowed participants to build trust and gain empathy with each other through the act of sharing experiences. However, they speculate that a lack of EBD guidance in the “improve” phase—either for facilitators or participants—led to participant perceptions that the actual design of the final service was something to be done by other people. This, combined with a similar lack of EBD guidance in the “measure” phase, also led to feelings that the final product produced only minor change over the existing condition, and did not provide good value for the time and money spent on the project.

To improve EBD, the authors recommend it highlight stakeholders’ ownership and involvement throughout the process by including more methods for “ideation,

maintaining momentum, setting expectations [for project outcomes], encouraging a critical attitude to (perceived or actual) constraints and communicating change [that is accessible at all stakeholder levels].”

Eirik Arsand and George Demiris. “User-Centered Methods for Designing Patient-Centric Self-Help Tools.” 2008.

Using experiences from three projects involving the creation of e-health tools, the authors recommend the following framework of methods for patient involvement in the design process, and provide practical considerations for conducting each:

1. Focus groups (5-7 patients per group, 2 hours per session)
2. Paper prototyping and sketching
3. Think-aloud testing
4. Scenarios and storytelling
5. Interviews and field studies
6. Questionnaires
7. Patient observation

The authors emphasize the need for patient involvement in producing solutions that support patient self-efficacy, but do not explain why the methods they propose work better than others in a healthcare context.

Ruth Tollyfield. “Facilitating an Accelerated Experience-Based Co-Design Project.” 2014.

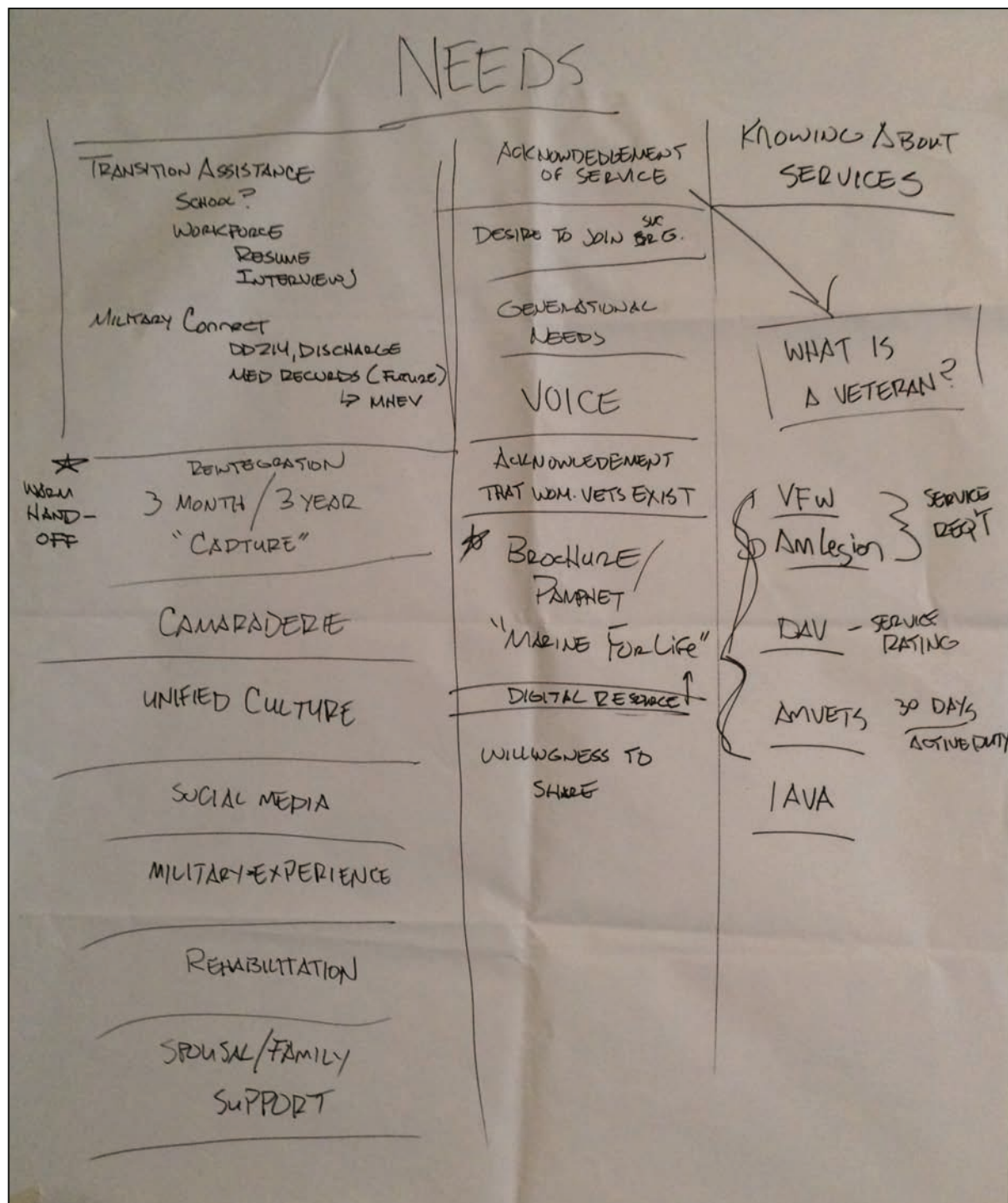
Stressing the importance of patient experience as a measure of hospital quality, Tollyfield tests an accelerated experience-based co-design (EBCD) model on a Harefield (UK) cardiothoracic therapy unit’s quality improvement project. The accelerated model aims to reduce the time it takes to complete a typical 12-month EBCD project by six months. This is accomplished by using a pre-produced film of patient and carer “voices,” as opposed to conducting filmed interviews with specific stakeholder groups. Also in the accelerated EBCD model, hospital staff members facilitate design sessions that include patients and other staff, following a half-day training course taught by experienced design researchers. Frameworks for both the standard and accelerated EBCD models are included in the article.

The Harefield project yielded four problem areas, from which 29 specific “action points” (solutions) were generated. Implementation of the solutions was mostly left to hospital staff and the selected facilitators, with one patient volunteering to help. Tollyfield reports that all participants who provided feedback (unspecified) found the project to be a “very positive experience. The success of the project has led to it being rolled out to other departments within the [hospital] trust.”

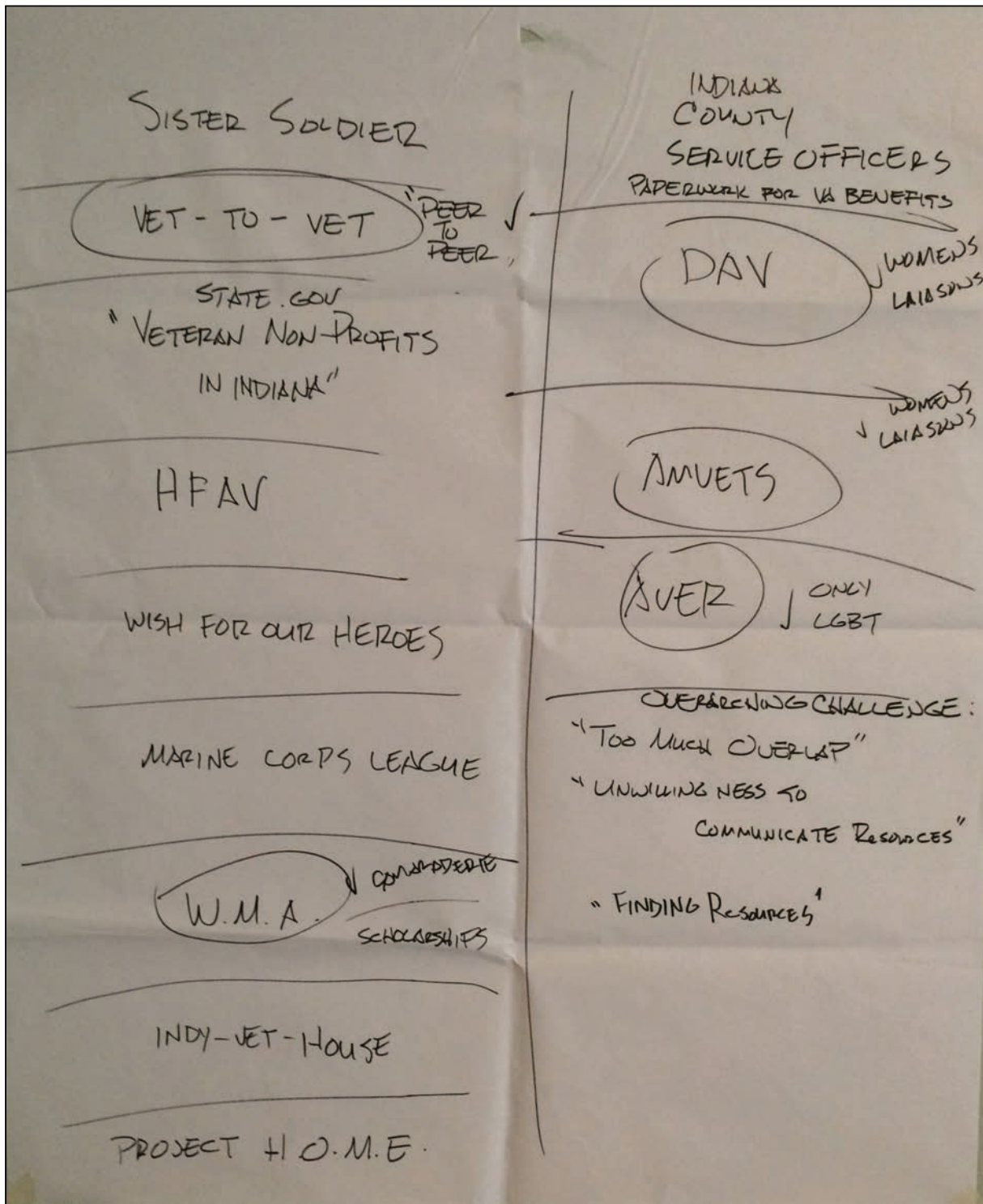
If capturing the experience of patients and staff in context is important to creating appropriate and situated quality improvements, then using a film of archival patient footage to do so may seem unwise. There may, however, be benefits to this approach. Here Tollyfield points to previous accelerated EBCD projects:

Preliminary results indicate that the film, made from the national archive, was readily accepted by all participants and served its purpose as a 'trigger' and catalyst for discussion. Although some patients felt it was more negative than their own experience, the fact that it was not local patients in the film seemed to make staff feel less defensive or threatened by it.

APPENDIX C: Tools, Activity One

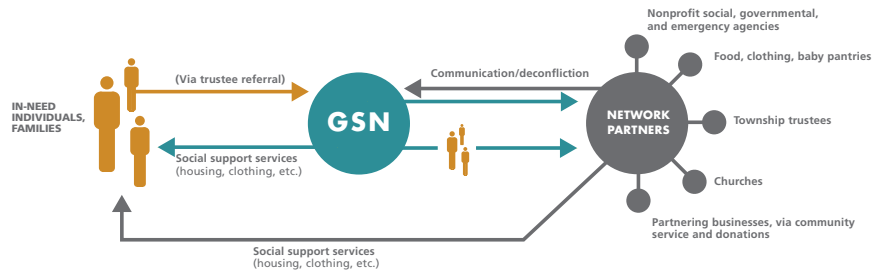


TOOL 1: Chart paper showing support needs of women veterans



TOOL 2: Chart paper showing known supports, why some are used, and challenges to accessing them

What does a network look like?



We've seen an example of how one social support network operates. Can something similar be created for women veteran's organizations?

What needs to happen to build a network for you? Do you need a place to meet? Do you need to have a website or other informational guide?

Please take a few moments to think about what is needed to bring your organizations together, and list them below. If you prefer to draw, please use the space on the back.

TOOL 3: Worksheet activity planned for the first participatory design session

APPENDIX D: Interview Notes, Activity Two

1. How does the Good Samaritan Network provide assistance to those in need of social support?

Referral from township trustee (direct support from GSN)

Client submits an application (for data collection, and also to satisfy granting organizations)

Technology: available services on the web

Clients asked for a small donation to GSN (\$5, \$10, \$15, \$50)

Donation purpose: so clients don't feel entitled

Donation purpose: building a "turnaround culture"

Some financial assistance

2. How do you find your partner organizations, or how do they find you?

Monthly meeting, open to all (schedule on the web)

In the beginning (of the GSN), going to other organization's meetings, collecting information on their services

Word of mouth nowadays

3. How do the GSN and its network members communicate with one another?

Website is instrumental, for clients and network partners

Network organizations asked to update their information in the GSN website every six months

Communications director position

Email

Monthly meeting

Message: "We're not trying to control everything."

4. How do those in need find out about the GSN? Do they visit a website, or are informational materials distributed?

Library computers (for those without a computer)

Keeping vital information up-front on GSN website (e.g., available services, contact information)

Agency-led referral to GSN (or another aid agency, facilitated through monthly meetings)

Some “pounding of pavement”

Some paper-based information (e.g., pamphlets, brochures). Problem: keeping that information current

5. What makes the GSN successful at reaching out to those in need?

In early days of GSN, visiting other social support organizations

Network partner membership fee (“having some skin in the game”)

Culture: “working for a greater good”

Knowing people (i.e., the available resources they have)

A central figure coordinating the effort, not a “leader”

Website is the “holy hub”

Keeping people informed

Not seeing self as top dog

Team attitude

6. What do you think are the essential parts of creating a network that integrates/coordinates social support services?

A “person who isn’t a control freak”

Participating in day-to-day operations of the network (i.e., “in the trenches”)

Understanding day-to-day need (of organization, of clients)

7. Do you know if any veterans use the network’s services?

Just beginning to collect the data

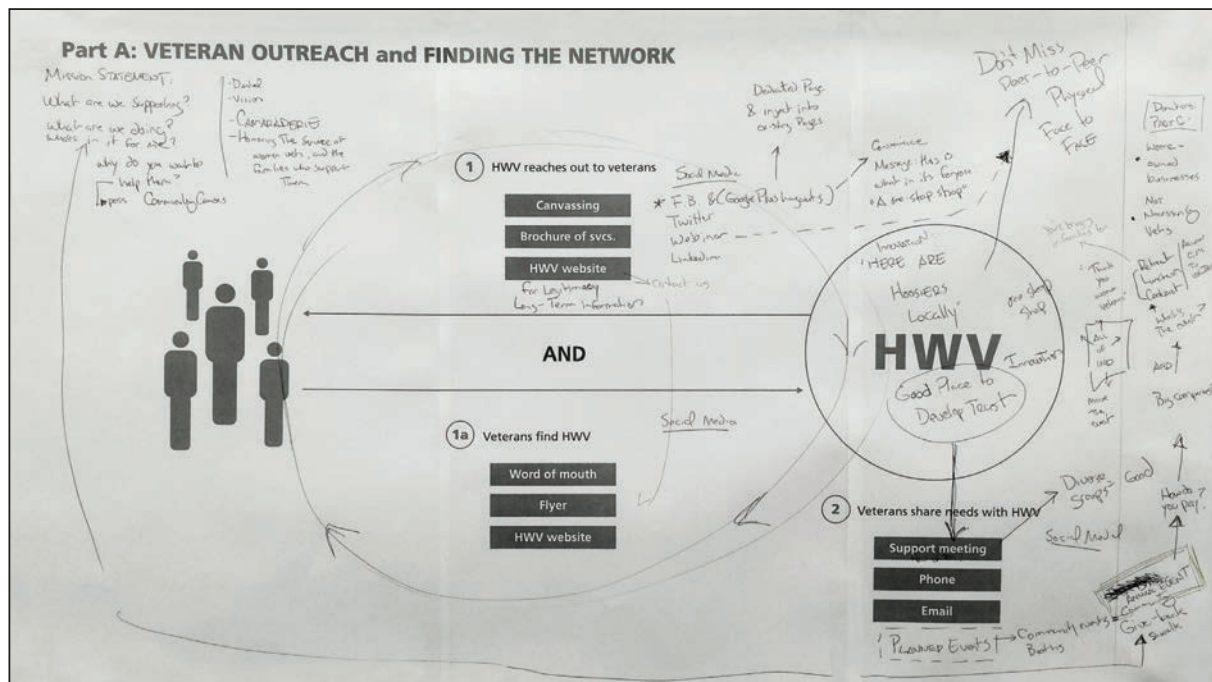
Estimate: about 15% of clients last year were veterans

All military, all ages

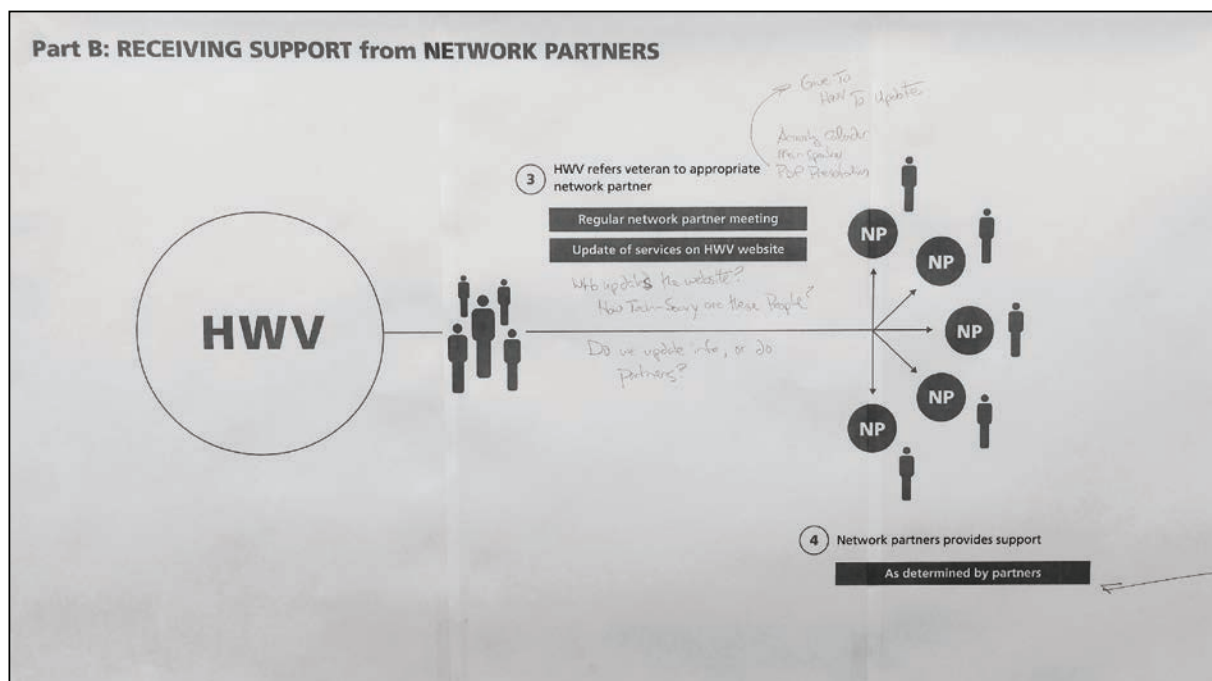
Starting to see some younger veterans (Iraq, Afghanistan veterans)

GSN has referred some vets to VA

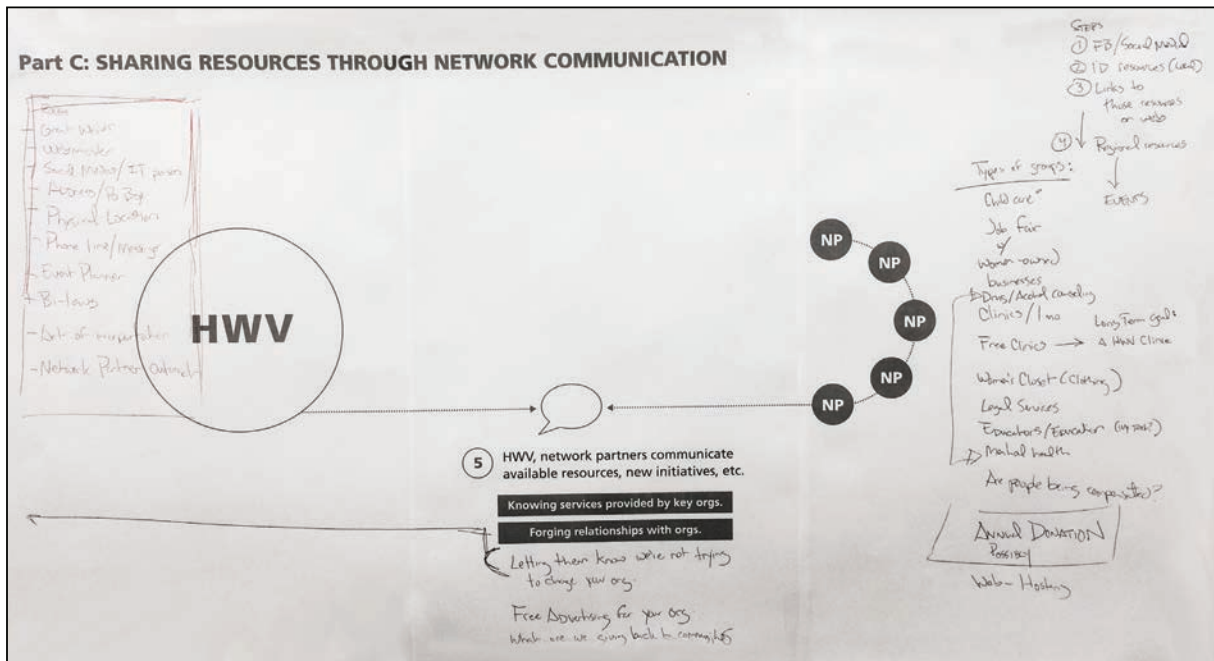
APPENDIX E: Tools, Activity Four



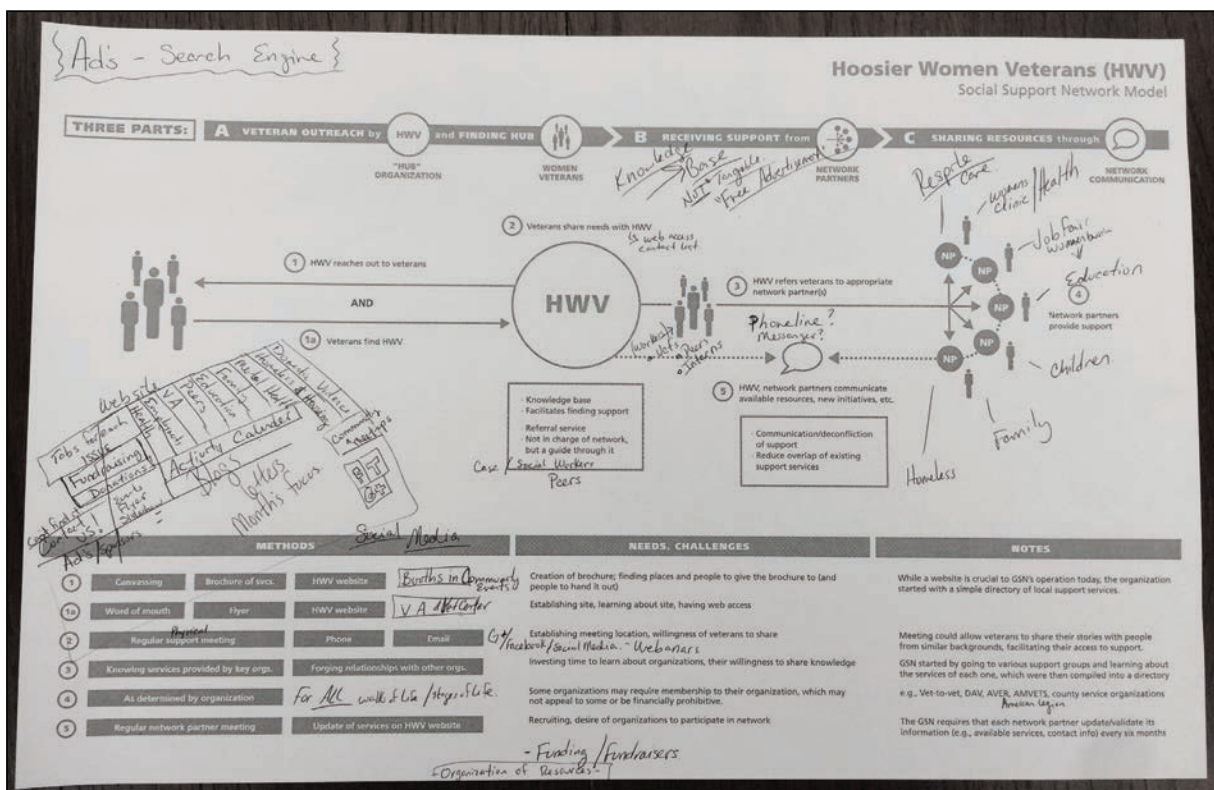
TOOL 1: Part A of the first prototype, poster-size, with participant group suggestions added by the design researcher



TOOL 2: Part B of the first prototype, poster-size, with participant group suggestions added by the design researcher



TOOL 3: Part C of the first prototype, poster-size, with participant group suggestions added by the design researcher



TOOL 4: First prototype, worksheet-size, with suggestions added by project participant

